

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20002

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00343137

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William J. Robb, III, MD

Signature of Treasurer

Electronically Filed by William J. Robb, III, MD

Date

04

13

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		1244924.20
(b) Cash on Hand at Beginning of Reporting Period .....	1244924.20	
(c) Total Receipts (from Line 19) .....	627239.99	627239.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1872164.19	1872164.19
7. Total Disbursements (from Line 31) .....	339690.12	339690.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1532474.07	1532474.07
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	3	0	3	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	579602.00	579602.00
(ii) Unitemized .....	40423.00	40423.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	620025.00	620025.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	620025.00	620025.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	7179.12	7179.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	35.87	35.87
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	627239.99	627239.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	627239.99	627239.99

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	7190.12	7190.12	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	7190.12	7190.12	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	332500.00	332500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	339690.12	339690.12	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	339690.12	339690.12	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	620025.00	620025.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	620025.00	620025.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7190.12	7190.12
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	7179.12	7179.12
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11.00	11.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Abdul Foad, , MD

Mailing Address 2745 Lincolnway

City

Clinton

State

IA

Zip Code

52732-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31199979

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wagdy S Rizk, , MD

Mailing Address 7955 Doral Dr

City

Beaumont

State

TX

Zip Code

77707-5446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaumont Bone & Joint Ins-  
titute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31199984

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott P Schemmel, , MD

Mailing Address 1160 Pamela Ct

City

Dubuque

State

IA

Zip Code

52003-8728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Associates Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31199986

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles H Alexander, MD

Mailing Address 5549 Green Oak Dr

City

Los Angeles

State

CA

Zip Code

90068-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31199987

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Peter M Bonutti, MD

Mailing Address 1303 W Evergreen Ave

City

Effingham

State

IL

Zip Code

62401-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31199988

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carlos Guanche, MD

Mailing Address 24948 Lorenzo Ct

City

Calabasas

State

CA

Zip Code

91302-3088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31199991

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Andres Sanchez, MD

Mailing Address 869 Inverness Circle

City

Spartanburg

State

SC

Zip Code

29306-6680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopedic Specialties

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31199993

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael M Durkee, MD

Mailing Address 2751 Northgate Dr

City

Iowa City

State

IA

Zip Code

52245-9509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31199998

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey B Burnette, MD

Mailing Address 116 N Haven Dr

City

Macon

State

GA

Zip Code

31210-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Ortho & Sports  
Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31199999

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Regina O Hillsman, MD

Mailing Address 1771 Post Rd E

City

Westport

State

CT

Zip Code

06880-5606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200003

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gilbert A Noirot, MD

Mailing Address 14151 Veenstra Rd

City

Charlevoix

State

MI

Zip Code

49720-9574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200004

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sarah D Beshlian, MD

Mailing Address 1231 20th Ave E

City

Seattle

State

WA

Zip Code

98112-3530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Sports Medicine Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200005

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas E Brown, MD

Mailing Address 412 Rockwood Dr

City

Charlottesville

State

VA

Zip Code

22903-4732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UVA Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	1	0

Transaction ID: 31200008

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert A Caveney, MD

Mailing Address 30 Medical Park Ste 220

City

Wheeling

State

WV

Zip Code

26003-6391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	1	0

Transaction ID: 31200010

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard E White, Jr, MD

Mailing Address 201 Cedar St SE Ste 6600

City

Albuquerque

State

NM

Zip Code

87106-5411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Mexico Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	1	0

Transaction ID: 31200011

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dwight W Burney, III, MD

Mailing Address 201 Cedar SE Ste 6600

City

Albuquerque

State

NM

Zip Code

87106-5411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Mexico Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200012

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James J Hamilton

Mailing Address 8736 Cherokee Ct

City

Leawood

State

KS

Zip Code

66206-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Physician Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200013

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph E Trader, MD

Mailing Address 1021 Memorial Dr

City

Manitowoc

State

WI

Zip Code

54220-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Assoc of Manitowoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200014

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David B Robie, , MD

Mailing Address 6585 Plesenton Dr S

City

Worthington

State

OH

Zip Code

43085-3090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Orthopedic Center of  
Excellence

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200015

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kristoffer Meyers Breien, , MD

Mailing Address 8959 Springwood Dr

City

Woodbury

State

MN

Zip Code

55125-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200016

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan H Wilde, , MD

Mailing Address 8542 Windsor Way

City

Broadview Heights

State

OH

Zip Code

44147-1790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lutheran Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200017

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

2450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard H Rothman, MD

Mailing Address Dept of Ortho Surg  
925 Chestnut St 5th Fl

City State Zip Code  
Philadelphia PA 19107-4206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200019

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mayo Noerdlinger, MD

Mailing Address 1 Edward Circle

City State Zip Code  
York ME 03909-5791

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SMAO

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200020

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Plattner, MD

Mailing Address 2300 N Vermilion St

City State Zip Code  
Danville IL 61832-1735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carle Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200022

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. R Scott Cairns, MD

Mailing Address 850 Mt Carmel

City

Dubuque

State

IA

Zip Code

52003-7944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200023

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alonzo D Kornegay, Jr, MD

Mailing Address 170 Kimel Park Dr  
PO Box 25626

City

Winston Salem

State

NC

Zip Code

27103-6946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200024

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Craig T Kerins, MD

Mailing Address 1521 Anthony Rd

City

Augusta

State

GA

Zip Code

30904-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Augusta Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200026

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald K Robinson, MD

Mailing Address 1901 N California St

City

Stockton

State

CA

Zip Code

95204-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sutter Gould Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	1	0

Transaction ID: 31200027

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bradley R Wille, MD

Mailing Address 35 State Ave

City

Faribault

State

MN

Zip Code

55021-6368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic & Fracture Cl-  
inic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	1	0

Transaction ID: 31200028

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John D Kelly, IV, MD

Mailing Address Dept of Sports Medicine  
215 S 33rd St

City

Philadelphia

State

PA

Zip Code

19104-3801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Pennsylvania

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	1	0

Transaction ID: 31200029

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jerry L Mackel, MD

Mailing Address Ft Wayne Orthopaedics  
PO Box 2526

City State Zip Code  
Fort Wayne IN 46801-2526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200030

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amy L Ladd, MD

Mailing Address Hand and Upper Limb Ctr  
770 Welch Rd Ste 400

City State Zip Code  
Palo Alto CA 94304-1515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Stanford Univ

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200031

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas G Frierhood, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code  
Golden CO 80401-9541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200032

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert N Satterfield, MD

Mailing Address 1019 Brookside Dr NW

City

Wilson

State

NC

Zip Code

27893-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilson Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 1 0

Transaction ID: 31200034

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Peter G Noordsij, MD

Mailing Address Concord Orthopaedics PA  
264 Pleasant St

City

Concord

State

NH

Zip Code

03301-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Concord Orthopaedics PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200076

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Tobin, MD

Mailing Address 12 Lafayette PI Ste A

City

Hilton Head Island

State

SC

Zip Code

29926-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200077

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David C Baker, , MD

Mailing Address 19 Brookwood Ave Ste 104

City

Carlisle

State

PA

Zip Code

17015-9142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200078

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Daniel Mastey, , MD

Mailing Address 719 Sunset Mountain Dr

City

Chattanooga

State

TN

Zip Code

37421-2076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200079

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eric B Arvidson, , MD

Mailing Address 16 Pelham Rd

City

Salem

State

NH

Zip Code

03079-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Essex Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200080

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Todd A Sacks, , MD

Mailing Address 2041 Mesa Valley Way Ste 100

City

Austell

State

GA

Zip Code

30106-6828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200081

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald R Reschly, , MD

Mailing Address 1221 Primrose Ln

City

Lancaster

State

WI

Zip Code

53813-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grant Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200082

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott F Holder, , MD

Mailing Address 205 Hospital Dr

City

Dover

State

OH

Zip Code

44622-2058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dover Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200083

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen A Cord, MD

Mailing Address 4110 22nd Pl

City

Lubbock

State

TX

Zip Code

79410-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200084

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark C Gebhardt, MD

Mailing Address Stoneman 10 Ortho Surgery  
330 Brookline Ave

City

Boston

State

MA

Zip Code

02215-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HMFP, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200085

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Nathaniel P Cohen, MD

Mailing Address 14601 S Bascom Ave Ste 200

City

Los Gatos

State

CA

Zip Code

95032-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200086

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Animesh Agarwal, MD

Mailing Address Dept of Orthopaedics

7703 Floyd Curl Dr MC 7774

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTHSCSA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200087

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas S Vinje, MD

Mailing Address 101 E Miller Rd

City

Sterling

State

IL

Zip Code

61081-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sterling Rock Falls Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200095

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan P Garino, MD

Mailing Address 835 Stoke Rd

City

Villanova

State

PA

Zip Code

19085-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Pennsylvania

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200097

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kristy L Weber, , MD

Mailing Address Dept of Ortho Surg  
601 N Caroline St Rm 5251

City State Zip Code  
Baltimore MD 21287-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Johns Hopkins University

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200099

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sharon M Dreeben, , MD

Mailing Address 4130 La Jolla Village Dr Ste 300

City State Zip Code  
La Jolla CA 92037-1481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200100

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brian A Shaw, , MD

Mailing Address 6484 Poage Valley Rd Extension

City State Zip Code  
Roanoke VA 24018-6859

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carilion Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200101

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel J Nagle, , MD

Mailing Address 737 N Michigan Ave Ste 700

City  
Chicago

State  
IL

Zip Code  
60611-6662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200102

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Laith A Farjo, , MD

Mailing Address 1808 Hermitage

City  
Ann Arbor

State  
MI

Zip Code  
48104-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Orthopaedic Spec-  
ialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200103

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David W Edelstein, , MD

Mailing Address 2727 W Holcombe

City  
Houston

State  
TX

Zip Code  
77025-1669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kelsey Seybold Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200106

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Edward W Gutteling, MD

Mailing Address 45 Mohouli St

City

Hilo

State

HI

Zip Code

96720-7210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200107

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. John Drkulec, MD

Mailing Address 2800 E Broad St #124

City

Mansfield

State

TX

Zip Code

76063-6410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arlington Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200108

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. David R Lionberger, MD

Mailing Address 6560 Fannin Ste 1016

City

Houston

State

TX

Zip Code

77030-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200110

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Fredrick Huang, MD

Mailing Address 4011 Talbot Rd S Ste 300

City

Renton

State

WA

Zip Code

98055-5791

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200112

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Clifford D Merkel, MD

Mailing Address 1524 Elizabeth St

City

Redlands

State

CA

Zip Code

92373-7019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200116

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven D Steinlauf, MD

Mailing Address 1514 Victoria Isle Way

City

Weston

State

FL

Zip Code

33327-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Associates of South  
Broward

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: 31200117

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Rodolfo E Lawson, , MD

Mailing Address 7150W 20th Ave Ste 215

City

Hialeah

State

FL

Zip Code

33016-1849

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31200942

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lloyd G Cox, II, MD

Mailing Address 22157 Breton Woods Ct

City

Leonardtown

State

MD

Zip Code

20650-2162

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Southern Maryland Orthopa-  
edic & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31200943

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Raymond M P Sherman, , MD

Mailing Address 4444 Perry Way

City

Sioux City

State

IA

Zip Code

51104-1126

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CNOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31200944

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. R Scott Oliver, , MD

Mailing Address Plymouth Bay Orthopedic Associates  
95 Tremont Ste One

City State Zip Code  
Duxbury MA 02332-4738

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200945

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frank V Aluisio, , MD

Mailing Address 2608 Southwick Dr

City State Zip Code  
Greensboro NC 27455-0833

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greensboro Orthopaedic Ce-  
nter, PA

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200946

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas G Craven, , MD

Mailing Address 7395 S 26th West Ave

City State Zip Code  
Tulsa OK 74132-2219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200947

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Matthew C Nadaud, MD

Mailing Address 1128 E Weisgarber Rd Ste 100

City

Knoxville

State

TN

Zip Code

37909-2677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Tennessee

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200949

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David E Attarian, MD

Mailing Address Duke Health Ctr Ortho  
3116 N Duke St

City

Durham

State

NC

Zip Code

27704-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200950

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter J Stern, MD

Mailing Address Dept of Orthopaedic Surgery  
231 Albert Sabin Way, MSB-5508

City

Cincinnati

State

OH

Zip Code

45267-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Cincinnati College  
of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200951

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John James Krautmann, , MD

Mailing Address 1241 W Stadium Dr Ste L400

City

Jefferson City

State

MO

Zip Code

65109-6024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson City Medical Gr-  
oup

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31200952

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark T Wichman, , MD

Mailing Address 1575 N Rivercenter Dr Ste 160

City

Milwaukee

State

WI

Zip Code

53212-3965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aurora Advanced Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31200953

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John H Bargren, , MD

Mailing Address 1112 6th Ave Ste 300

City

Tacoma

State

WA

Zip Code

98405-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FMG

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31200955

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen P Cowley, , MD

Mailing Address 3425 Brookwood Trace

City

Birmingham

State

AL

Zip Code

35223-2879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Specialists of Alab-  
ama

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	0

Transaction ID: 31200958

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert L Burke, , MD

Mailing Address 10223 Broadway Ste A

City

Pearland

State

TX

Zip Code

77584-7881

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	0

Transaction ID: 31200959

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph G Martin, , MD

Mailing Address 2300 53rd Ave Ste 100

City

Bettendorf

State

IA

Zip Code

52722-7565

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	0

Transaction ID: 31200961

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Vincent J Russo, MD

Mailing Address 10290 N 92nd St Ste 103

City

Scottsdale

State

AZ

Zip Code

85258-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200962

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sean E McCance, MD

Mailing Address 1155 Park Ave

City

New York

State

NY

Zip Code

10128-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200963

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lawrence D Lieber, MD

Mailing Address 4115 Fairview Ave

City

Downers Grove

State

IL

Zip Code

60515-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M&M Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200965

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert T Semba, , MD

Mailing Address 7600 W College Dr

City

Palos Heights

State

IL

Zip Code

60463-1001

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31200966

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Clyde Alan Farris, , MD

Mailing Address 19250 SW 65th Ave Ste 200

City

Tualatin

State

OR

Zip Code

97062-7707

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31200969

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Raymond L Horwood, , MD

Mailing Address 24723 Detroit Rd

City

Westlake

State

OH

Zip Code

44145-2526

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31200970

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Yram Jan Groff, MD

Mailing Address 4815 Liberty Ave Ste 250

City

Pittsburgh

State

PA

Zip Code

15224-2156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200971

Amount of Each Receipt this Period

368.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alan T Kawaguchi, MD

Mailing Address Alpine Orthopaedic Med Grp  
2488 N California St

City

Stockton

State

CA

Zip Code

95204-5508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alpine Orthopaedic Medical  
Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200972

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Randall J Lewis, MD

Mailing Address 2021 K St NW Ste 400

City

Washington

State

DC

Zip Code

20006-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Orthopaedics  
& Sports Medic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200975

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1368.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark J Geppert, MD

Mailing Address Marsh Brook Professional Ctr  
7 Marsh Brook Dr Ste 205

City Somersworth State NH Zip Code 03878-6523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Seacoast Ortho & Sports  
Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200976

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gary J Roberts, MD

Mailing Address 1005 S Hemlock St

City Iron Mountain State MI Zip Code 49801-3854

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200977

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Mahr, MD

Mailing Address 7447 W Talcott Ave Ste 500

City Chicago State IL Zip Code 60631-3716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200978

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert G Kloepper, , MD

Mailing Address 2000 Desert Hills Dr

City

Moab

State

UT

Zip Code

84532-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allen Memorial Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200980

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Humberto A Galleno, , MD

Mailing Address Inter-Community Prof Plaza  
315 N 3rd Ave Ste 302

City

Covina

State

CA

Zip Code

91723-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200982

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Howard J Gelb, , MD

Mailing Address 6214 NW 120th Dr

City

Coral Springs

State

FL

Zip Code

33076-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31200983

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory R Misenhimer, MD

Mailing Address 104 Calle Cumbre

City

El Paso

State

TX

Zip Code

79912-3433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
El Paso Orthopedic Surgery  
Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	0

Transaction ID: 31200984

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen J Snyder, MD

Mailing Address 6815 Noble Ave

City

Van Nuys

State

CA

Zip Code

91405-3796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
S.C.O.I.

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	0

Transaction ID: 31200985

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. D Scott Redman, MD

Mailing Address 820 S McClellan #300

City

Spokane

State

WA

Zip Code

99204-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Orthopaedics of Sp-  
okane

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	0

Transaction ID: 31201069

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeff Aaron Fox, , MD

Mailing Address 6585 S Yale Ste 200

City

Tulsa

State

OK

Zip Code

74136-8315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201070

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ronald G Hayter, , MD

Mailing Address 1660 Gulf to Bay Blvd

City

Clearwater

State

FL

Zip Code

33755-6423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Knee & Ortho Cent-  
er

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201071

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dennis R McGee, , MD

Mailing Address 600 N Robbins Rd Ste 401

City

Boise

State

ID

Zip Code

83702-4566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intermountain Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201094

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Babak Sheikh, MD

Mailing Address 2532 Hunters Run Way

City

Weston

State

FL

Zip Code

33327-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201097

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David M Lintner, MD

Mailing Address 6348 Mercer

City

Houston

State

TX

Zip Code

77005-3346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201098

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Isador H Lieberman, MD, MBA,

Mailing Address 6020 W Parker Rd Ste 200

City

Plano

State

TX

Zip Code

75093-8172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201099

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

1625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Shepard R Hurwitz, MD

Mailing Address 400 Silver Cedar Ct

City

Chapel Hill

State

NC

Zip Code

27514-1585

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ABOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201100

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William J Hozack, MD

Mailing Address 925 Chestnut St 5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201102

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Green, MD

Mailing Address 2 Dudley St Ste 200

City

Providence

State

RI

Zip Code

02905-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Orthopaedics  
Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201103

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kourosh Korsh Jafarnia, MD

Mailing Address 617 Little John

City

Houston

State

TX

Zip Code

77024-5720

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KSF Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31201105

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Earl Wright, MD

Mailing Address 210 East 25th St Apt 4RW

City

New York

State

NY

Zip Code

10010-3171

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31201106

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George W Prutzman, Jr, MD

Mailing Address 689 Sierra Rose Dr Ste B

City

Reno

State

NV

Zip Code

89511-2076

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Advanced Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	0

Transaction ID: 31201107

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven B Wertheim, , MD

Mailing Address 70 Old Stratton Chase NW

City

Atlanta

State

GA

Zip Code

30328-3652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201108

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward T Su, , MD

Mailing Address 1600 St John's Blvd Ste 101

City

Maplewood

State

MN

Zip Code

55109-1190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201109

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Cornelis M Elmes, , MD

Mailing Address PO Box 6807

City

Vacaville

State

CA

Zip Code

95696-6807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201110

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas J Dowling, Jr, MD

Mailing Address 763 Larkfield Rd 2nd Fl

City

Commack

State

NY

Zip Code

11725-3131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Long Island Spine Special-  
ists PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201111

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul G Johnson, , MD

Mailing Address 6490 Excelsior Blvd Ste E400

City

Saint Louis Park

State

MN

Zip Code

55426-4721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Nicollet Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201112

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas D Meade, , MD

Mailing Address OAA Orthopaedic Specialists  
250 Cetronia Rd Ste 303

City

Allentown

State

PA

Zip Code

18104-9168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201116

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. S Robert Rozbruch, , MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital for Special Surg-  
ery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201117

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frank B Norberg, , MD

Mailing Address 3250 W 66th St Ste 100

City

Minneapolis

State

MN

Zip Code

55435-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Twin Cities Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201119

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Russell N Oakley, , MD

Mailing Address 820 S McClellan, #300

City

Spokane

State

WA

Zip Code

99204-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201120

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. A Herbert Alexander, MD

Mailing Address 100 Hospital Dr Ste 100  
PO Box 6997

City State Zip Code  
Ketchum ID 83340-6997

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 1 0

Transaction ID: 31201121

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James M McKenzie, MD

Mailing Address 2201 NW Vassar Ct

City State Zip Code  
Bentonville AR 72712-8582

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
McKenzie Orthopedic & Sports Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201248

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert S Adelaar, MD

Mailing Address Dept of Ortho Surgery  
Box 980153, MCV Station

City State Zip Code  
Richmond VA 23298-0153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MCU Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201249

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Samuel R Rosenfeld, MD

Mailing Address 1310 W Stewart Dr Ste 508

City

Orange

State

CA

Zip Code

92868-3856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201251

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James H Van Olst, MD

Mailing Address 136 SW Washington Ave #605

City

Corvallis

State

OR

Zip Code

97333-4879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201252

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Matthew E Mitchell, MD

Mailing Address 4140 Centennial Hills Blvd Ste A

City

Casper

State

WY

Zip Code

82609-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201256

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Craig P Smith, , MD

Mailing Address 4140 Centennial Hills Blvd Ste A

City

Casper

State

WY

Zip Code

82609-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31201257

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alejandro Badia, , MD

Mailing Address 3650 NW 82nd Ave Ste 103

City

Doral

State

FL

Zip Code

33166-6662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31201258

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory A Mencia, , MD

Mailing Address 2200 Children's Way Ste 4202

City

Nashville

State

TN

Zip Code

37232-0005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vanderbilt University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31201259

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John A Yezerski, MD

Mailing Address 300 S 8th St Ste 178 W

City

Murray

State

KY

Zip Code

42071-2444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201260

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Roger Charles Dunteman, MD

Mailing Address 850 Ironwood Dr Ste 202

City

Coeur D Alene

State

ID

Zip Code

83814-4903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201262

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan B Thomas, MD

Mailing Address 7308 Bridgeport Way W Ste 201

City

Lakewood

State

WA

Zip Code

98499-8000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proliance

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201269

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas John Noonan, , MD

Mailing Address 8200 E Belleview Ave Ste 615E

City

Greenwood Village

State

CO

Zip Code

80111-2898

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steadman Hawkins Clinic  
Denver

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	0

Transaction ID: 31201270

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James M Loddengaard, , MD

Mailing Address 23456 Hawthorne Blvd Ste 300

City

Torrance

State

CA

Zip Code

90505-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Torrance Orthopaedics &  
Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	0

Transaction ID: 31201271

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. J Andrew Parr, , MD

Mailing Address Clinical Bldg  
541 Clinical Dr Ste 600

City

Indianapolis

State

IN

Zip Code

46202-5233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Orthopedic Ass-  
ociates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	0

Transaction ID: 31201272

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Russell A Hudgens, , MD

Mailing Address 3610 Springhill Memorial Dr N

City

State

Zip Code

Mobile

AL

36608-1162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201274

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph N Wilson, , MD

Mailing Address 4701 85th St

City

State

Zip Code

Lubbock

TX

79424-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center Orthopaedic Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201275

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard W Barth, , MD

Mailing Address 2021 K St Ste 400

City

State

Zip Code

Washington

DC

20006-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Orthopaedics  
& Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201276

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Melbourne D Boynton, MD

Mailing Address 3 Albert Cree Dr

City

Rutland

State

VT

Zip Code

05701-4601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vermont Ortho Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201277

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

J Michael Wiater, MD

Mailing Address Beverly Hills Orthopaedic Surgery  
17877 W Fourteen Mile Rd

City

Beverly Hills

State

MI

Zip Code

48025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201279

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James R Kasser, MD

Mailing Address 300 Longwood Ave

City

Boston

State

MA

Zip Code

02115-5724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COSF

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201280

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory John Della Rocca, MD

Mailing Address Ortho Dept MC213  
1 Hospital Dr

City State Zip Code  
Columbia MO 65212-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Missouri School  
of Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201282

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John English Feighan, MD

Mailing Address 2260 Harcourt Dr

City State Zip Code  
Cleveland Heights OH 44106-4610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201283

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Knute C Buehler, MD

Mailing Address 2200 NE Neff Rd Ste 200

City State Zip Code  
Bend OR 97701-4281

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Center Oregon

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201284

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brian C Schafer, , MD

Mailing Address 48 Doctors Park

City

Cape Girardeau

State

MO

Zip Code

63703-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Associates of SE Mi-  
ssouri

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201285

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ralph F Rashbaum, , MD

Mailing Address 6020 W Parker Rd Ste 200

City

Plano

State

TX

Zip Code

75093-8172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Back Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201298

Amount of Each Receipt this Period

375.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Julius Stephen Brecht, , MD

Mailing Address 25 Chatham Rd

City

Longmeadow

State

MA

Zip Code

01106-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Orthopaedic  
Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31201299

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey A Greenberg, , MD

Mailing Address 8501 Harcourt Rd

City

Indianapolis

State

IN

Zip Code

46260-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hand & Shoulder  
Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31201300

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul T Rud, , MD

Mailing Address 15684 Birchwood Ln

City

Brainerd

State

MN

Zip Code

56401-6177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31201302

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James McMaster Bryan, , MD

Mailing Address 1075 Mason Ave

City

Daytona Beach

State

FL

Zip Code

32117-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Clinic of Day-  
tona Beach

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31201304

Amount of Each Receipt this Period

475.00

SUBTOTAL of Receipts This Page (optional) .....

1725.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard Chang, MD

Mailing Address 1081 Route 22 W

City

Bridgewater

State

NJ

Zip Code

08807-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Somerset Orthopaedic Asso-  
ciates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	0

Transaction ID: 31201306

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William G DeLong, Jr, MD

Mailing Address 801 Ostrum St PPHP2

City

Bethlehem

State

PA

Zip Code

18015-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Luke's Hospital & Heal-  
th Network

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	0

Transaction ID: 31201307

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael R McLean, MD

Mailing Address PO Box 632749

City

Nacogdoches

State

TX

Zip Code

75963-2749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	1	0

Transaction ID: 31208988

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas C Schuler, , MD

Mailing Address 1831 Wiehle Ave 2nd Fl

City

Reston

State

VA

Zip Code

20190-5266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Virginia Spine Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31208990

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey A Bash, , MD

Mailing Address 410 Saybrook Rd Ste 100

City

Middletown

State

CT

Zip Code

06457-4780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31208992

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Warren Grossman, , MD

Mailing Address 10662 Zurich St

City

Hollywood

State

FL

Zip Code

33026-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Assoc of South Broward

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31208998

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Vernon Sims Esplin, MD

Mailing Address 560 Memorial Dr

City

Pocatello

State

ID

Zip Code

83201-4073

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Idaho Orthopaedic Special-  
ists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31208999

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gerald R Williams, Jr, MD

Mailing Address 925 Chestnut St 5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4206

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
The Rothman Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31209001

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carlton M Clinkscales, MD

Mailing Address 2535 S Downing Ste 500

City

Denver

State

CO

Zip Code

80210-5852

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hand Surgery Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31209002

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey B Neustadt, , MD

Mailing Address 625 6th Ave South

City

Saint Petersburg

State

FL

Zip Code

33701-4662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Ortho & Scolio-  
sis Surgery A

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31209099

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Rex A W Marco, , MD

Mailing Address 5312 Valerie St

City

Bellaire

State

TX

Zip Code

77401-4813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Texas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31209991

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John B Wood, , MD

Mailing Address 403 Mockingbird Ln

City

Carbondale

State

IL

Zip Code

62901-5249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Orthopedic Assoc-  
iates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31209992

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael J Archibeck, , MD

Mailing Address 4409 Chinlee Ave

City

Albuquerque

State

NM

Zip Code

87110-5715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Mexico Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31209994

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard L Rouhe, , MD

Mailing Address 341 Magnolia Ave Ste 101

City

Corona

State

CA

Zip Code

92879-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31209995

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen A Cord, , MD

Mailing Address 4110 22nd PI

City

Lubbock

State

TX

Zip Code

79410-1122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31209999

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael S Schwartz, MD

Mailing Address 4031 W Plano Pkwy Ste 100

City

Plano

State

TX

Zip Code

75093-5617

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31210000

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Ross Wheeler, MD

Mailing Address 1301 Nisqually St

City

Steilacoom

State

WA

Zip Code

98388-2503

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Group Health Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31210044

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David E Nonweiler, MD

Mailing Address William Medical Bldg  
6585 S Yale Ste 200

City

Tulsa

State

OK

Zip Code

74136-8315

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Central States Orthopaedic  
Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Transaction ID: 31215028

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Neil J Maki, MD

Mailing Address 525 St Mary St

City

Thibodaux

State

LA

Zip Code

70301-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thibodaux Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215030

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Pierre Durand, MD

Mailing Address 375 Rolling Oaks Dr Ste 200

City

Thousand Oaks

State

CA

Zip Code

91361-1027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215032

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Wathne, MD

Mailing Address 333 N 18th Ave Ste D1

City

Pocatello

State

ID

Zip Code

83201-3358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pocatello Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215033

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eugene Michael Wolf, MD

Mailing Address 3000 California St 3rd Fl

City

San Francisco

State

CA

Zip Code

94115-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sportsmed Orthopaedic Gro-  
up, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: 31215034

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert E Mitchell, MD

Mailing Address 695 Hill Country Dr Ste B

City

Kerrville

State

TX

Zip Code

78028-6074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: 31215035

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael J Bercik, MD

Mailing Address 711 Westminster Ave

City

Elizabeth

State

NJ

Zip Code

07208-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: 31215036

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Pat D Do, , MD

Mailing Address 8300 Steeplechase St

City

Wichita

State

KS

Zip Code

67206-4423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid America Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215037

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel J Martin, Jr, MD

Mailing Address 621 S New Ballas Rd Ste 5015B

City

Saint Louis

State

MO

Zip Code

63141-8270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215038

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George W Brindley, , MD

Mailing Address Dept of Orthopaedic Surgery  
3601 4th St

City

Lubbock

State

TX

Zip Code

79430-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Tech Health Sciences  
Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215044

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. William C Schroer, , MD

Mailing Address 12266 Depaul Dr Ste 220

City

Saint Louis

State

MO

Zip Code

63044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Signature Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215047

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jacquelin Perry, , MD

Mailing Address 12319 Brock Ave

City

Downey

State

CA

Zip Code

90242-3503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215048

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark A Dodson, , MD

Mailing Address 3351 Masonic Dr

City

Alexandria

State

LA

Zip Code

71301-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid-State Orthopaedics &  
Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215049

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Clyde T Carpenter, , MD

Mailing Address 7027 Sunrise Ridge Ln NW

City

Olympia

State

WA

Zip Code

98502-9243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olympia Orthopaedic Assoc-  
iates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215053

Amount of Each Receipt this Period

542.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. M Bradford Henley, , MD, MBA

Mailing Address 325 Ninth Ave Box 359798

City

Seattle

State

WA

Zip Code

98104-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Washington

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215054

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David M Witham, , MD

Mailing Address PO Box 73558

City

Fairbanks

State

AK

Zip Code

99707-3558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215056

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1792.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan M Reznik, MD

Mailing Address 35 Overhill Rd

City

Woodbridge

State

CT

Zip Code

06525-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215183

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arthur L Valadie, III, MD

Mailing Address 526 56th St

City

Holmes Beach

State

FL

Zip Code

34217-1528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215186

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John C Richmond, MD

Mailing Address 125 Parker Hill Ave

City

Roxbury Crossing

State

MA

Zip Code

02120-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Baptist Hospi-  
tal

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215187

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Drew E Kiernan, MD

Mailing Address 2405 Atherholt Road

City

Lynchburg

State

VA

Zip Code

24501-2184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Virginia Orthopaedic  
Associates PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: 31215188

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Louis J Mariorenzi, MD

Mailing Address 725 Reservoir Ave Ste 101

City

Cranston

State

RI

Zip Code

02910-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates,  
Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: 31215189

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David F Sitler, MD

Mailing Address 12701 Sagecrest Dr

City

Poway

State

CA

Zip Code

92064-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sharp-Rees-Stéaly

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: 31215190

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Evangelos Megariotis, MD

Mailing Address 21 Ravona St

City

Clifton

State

NJ

Zip Code

07012-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215191

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Peter W Gilmer, MD

Mailing Address 3211 Moore's Mill Rd

City

Rougemont

State

NC

Zip Code

27572-7539

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Triangle Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215192

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Coupe, MD

Mailing Address 10333 Kuykendahl Ste D

City

The Woodlands

State

TX

Zip Code

77382-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fondren Ortho Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215193

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas P Obade, Jr, MD

Mailing Address 414 Tatum St

City

Woodbury

State

NJ

Zip Code

08096-3499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Orthopaedic Cent-  
er

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215195

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Neal J Labana, , MD

Mailing Address 22821 Sun River Dr

City

Frankfort

State

IL

Zip Code

60423-7834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215196

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Melburn K Huebner, , MD

Mailing Address 1901 Medi Park Dr Ste 10

City

Amarillo

State

TX

Zip Code

79106-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215197

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bruce J Sangeorzan, , MD

Mailing Address Dept of Ortho  
325 Ninth Ave Box 359798City State Zip Code  
Seattle WA 98104-2420FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University of WashingtonOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Transaction ID: 31215198

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Richard J Stewart

Mailing Address 1202 Barclay Circle

City State Zip Code  
Barrington IL 60010-5263FEC ID number of contributing  
federal political committee.**C**Name of Employer  
American Academy of Ortho-  
paedic SurgeonOccupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Transaction ID: 31215521

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rafael Antonio Lopez, , MD

Mailing Address 198 Zorzal Street  
MontehiedraCity State Zip Code  
San Juan PR 00926-7110FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	0

Transaction ID: 31215523

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jack McCarthy, MD

Mailing Address 17030 Lakeside Hills Plz Ste 200

City

Omaha

State

NE

Zip Code

68130-2396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215524

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph W Clark, MD

Mailing Address The Orthopaedic Center  
927 Franklin St SE Ste 3

City

Huntsville

State

AL

Zip Code

35801-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215525

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ramesh Gidumal, MD

Mailing Address 530-1st Ave Ste 5D

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215526

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Thomas Fisher, MD

Mailing Address 52 Thomas Johnson Dr

City

Frederick

State

MD

Zip Code

21702-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Specialists  
of Frederick

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215528

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Cautilli, MD

Mailing Address C115 Floral Vale Blvd Ste C

City

Yardley

State

PA

Zip Code

19067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cautilli Orthopaedic Surg-  
ical Speciali

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215529

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Russell Austin Flint, MD

Mailing Address 78 Broad St

City

Spruce Pine

State

NC

Zip Code

28777-8937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Blue Ridge Regional Hospi-  
tal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

Orthopaedic Surgeon

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215530

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas S Gorsche, , MD

Mailing Address 164 W Dale St

City

Waterloo

State

IA

Zip Code

50703-1925

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
CVMS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: 31215532

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey R Kuhlman, , MD

Mailing Address 650 Signal Hill Dr Ext

City

Statesville

State

NC

Zip Code

28625-4353

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Piedmont Healthcare, PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: 31215535

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan R McCall, , MD

Mailing Address 7447 W Talcott Ave Ste 500

City

Chicago

State

IL

Zip Code

60631-3716

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Northwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	1	0

Transaction ID: 31215536

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Matthew J Kirsch, , MD

Mailing Address 801 36th St NW

City

Austin

State

MN

Zip Code

55912-6662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Austin Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 1 0

Transaction ID: 31215538

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James A Shapiro, , MD

Mailing Address 6308 8th Ave Ste 1020

City

Kenosha

State

WI

Zip Code

53143-5031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UHSI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216471

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James A Moore, , MD

Mailing Address 425 E 63rd St W2d

City

New York

State

NY

Zip Code

10065-7821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216474

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul K Peartree, , MD

Mailing Address 30 Hagen Dr Ste 220

City

Rochester

State

NY

Zip Code

14625-2658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Rochester Orthopa-  
edics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216476

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Vener, , MD

Mailing Address 401 9th St NW

City

Watertown

State

SD

Zip Code

57201-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216477

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George W Westin, Jr, MD

Mailing Address 2488 N California St

City

Stockton

State

CA

Zip Code

95204-5508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alpine Orthopaedic Med Gr-  
oup

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216479

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen J Burns, , MD

Mailing Address 1225 E Coolspring Ave #2D

City

Michigan City

State

IN

Zip Code

46360-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Partners Medical  
Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216480

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Woo, , MD

Mailing Address 5255 E Stop 11 Rd Ste 300

City

Indianapolis

State

IN

Zip Code

46237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedics Indianapolis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216482

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Donald Mark Arms, , MD

Mailing Address 207 Oak Park

City

Mc Minnville

State

TN

Zip Code

37110-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216484

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John J McGraw, , MD

Mailing Address The Knoxville Ortho Clinic  
120 Hospital Dr Ste 120

City State Zip Code  
Jefferson City TN 37760-5285

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Knoxville Orthopaedic Cli-  
nic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216485

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

William F Tucker, Jr, MD

Mailing Address 8210 Walnut Hill Ln Ste 404

City State Zip Code  
Dallas TX 75231-4428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216486

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher S Proctor, , MD

Mailing Address 511 Bath St

City State Zip Code  
Santa Barbara CA 93101-3403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alta Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216504

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. J Christopher Noonan, MD

Mailing Address 74 B Centennial Loop Ste 300

City

Eugene

State

OR

Zip Code

97401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31216505

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Karl E Rathjen, MD

Mailing Address Dept of Orthopaedics  
2222 Welborn St

City

Dallas

State

TX

Zip Code

75219-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Scottish Rite Hospi-  
tal

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31216507

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. B Hudson Berrey, Jr, MD

Mailing Address 655 W 8th St ACC Bldg  
2nd Fl-Ortho

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31216508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Laurette A Chang, MD

Mailing Address Orthopaedic Surgery Service  
5001 N Piedras St

City State Zip Code  
El Paso TX 79930-4210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VA Health Care Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216509

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brett B Greenky, MD

Mailing Address 4115 N Medical Center Dr

City State Zip Code  
Fayetteville NY 13066-6636

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Syracuse Orthopedic Spec-  
ialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216511

Amount of Each Receipt this Period

548.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. C Perry Cooke, III, MD

Mailing Address 6797 Knollwood Rd

City State Zip Code  
Fayetteville NY 13066-1726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Syracuse Orthopaedic Spec-  
ialists, PC

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216512

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

1348.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven Douglas K Ross, , MD

Mailing Address Dept of Orthopaedics-UCI

101 City Dr So, PAV III Rm 210

City

State

Zip Code

Orange

CA

92868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regents of UC

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31216513

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John R Schwappach, , MD

Mailing Address 330 Forest St

City

State

Zip Code

Denver

CO

80220-5753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Orthopedic Consu-  
ltants, P.C.

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31216514

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward C Littlejohn, , MD

Mailing Address 14911 National Ave Ste 3A

City

State

Zip Code

Los Gatos

CA

95032-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31216515

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David B Thordarson, , MD

Mailing Address 1520 San Pablo St Ste 2000

City

Los Angeles

State

CA

Zip Code

90033-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USC Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31216516

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan P Kieve, , MD

Mailing Address Northwest Ortho Spec  
E 12410 Sinto Ste 201

City

Spokane Valley

State

WA

Zip Code

99216-2280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Orthopedic Spec-  
ialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31216517

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Craig Robert Mahoney, , MD

Mailing Address 2004 S 40th Ct

City

West Des Moines

State

IA

Zip Code

50265-5764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Ortho Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

Transaction ID: 31216518

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Clay M Wertheimer, , MD

Mailing Address 1100 Pacific Ave Ste 300

City

Everett

State

WA

Zip Code

98201-4261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31216520

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark W Woolf, , MD

Mailing Address 800 Orthopedic Way

City

Arlington

State

TX

Zip Code

76015-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arlington Orthopedic Asso-  
ciates

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224881

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John S Kirkpatrick, , MD

Mailing Address Dept of Orthopaedics 2nd FL  
655 W Eighth St C-126

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224883

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Quentin Smith, MD

Mailing Address 3235 S Westbury Pl

City

Eagle

State

ID

Zip Code

83616-6776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Idaho Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224884

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark N Halikis, MD

Mailing Address 280 S Main St Ste 200

City

Orange

State

CA

Zip Code

92868-3852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224885

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Avinash G Kumar, MD

Mailing Address 6015 Pointe West Blvd

City

Bradenton

State

FL

Zip Code

34209-5532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224886

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David P Mesna, MD

Mailing Address 3704 Camino Codorniz

City

Calabasas

State

CA

Zip Code

91302-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224887

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Champ L Baker, Jr, MD

Mailing Address 6262 Veterans Pkwy

City

Columbus

State

GA

Zip Code

31909-3540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hughston Orthopaedic Clin-  
ic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224888

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Clio Robertson, MD

Mailing Address 6585 S Yale Ste 200

City

Tulsa

State

OK

Zip Code

74136-8315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central States Orthopaedi-  
cs

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224895

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Peter C Amadio, MD

Mailing Address 200 1st St S W

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: 31224896

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph R Locker, MD

Mailing Address 1805 SE 16th Ave Ste 1002

City

Ocala

State

FL

Zip Code

34471-4601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: 31224897

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patricia C McKeever, MD

Mailing Address 139 S Plymouth Blvd

City

Los Angeles

State

CA

Zip Code

90004-3835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: 31224898

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas G Padanilam, MD

Mailing Address 528 Forest Lake Dr

City

Holland

State

OH

Zip Code

43528-9028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Toledo Orthopaedic Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224899

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher S Mow, MD

Mailing Address 1660 San Pablo Ave Ste A

City

Pinole

State

CA

Zip Code

94564-2072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224900

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Danielle Katz, MD

Mailing Address 6620 Fly Rd

City

East Syracuse

State

NY

Zip Code

13057-9717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY Upstate

Occupation

Orthopaedic Surgeons

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: 31224901

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Terrence J Endres, , MD

Mailing Address 1655 Flowers Mill Dr

City

Grand Rapids

State

MI

Zip Code

49525-9694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of  
Michigan

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Transaction ID: 31224902

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. J Wills Oglesby, , MD

Mailing Address 301 21st Ave N

City

Nashville

State

TN

Zip Code

37203-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tennessee Orthopaedic All-  
iance

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Transaction ID: 31224903

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey W Cook, , MD

Mailing Address 3310 Aspen Grove Dr Ste 102

City

Franklin

State

TN

Zip Code

37067-2841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franklin Ortho & Sports  
Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Transaction ID: 31224904

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. W John Bruder, MD

Mailing Address 4045 W Royal Dr

City

Traverse City

State

MI

Zip Code

49684-8965

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Great Lakes Orthopaedic  
Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Transaction ID: 31224905

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Craig J Della Valle, MD

Mailing Address 1611 W Harrison St # 300

City

Chicago

State

IL

Zip Code

60612-4861

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Midwest Orthopaedics at  
Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Transaction ID: 31224907

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Louis A DiGiovanni, MD

Mailing Address Hudson Valley Ortho  
23 Fish & Game Rd

City

Hudson

State

NY

Zip Code

12534-3815

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Columbia Memorial Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Transaction ID: 31224916

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Hall, , MD

Mailing Address 3801 Lake Otis Pkwy Ste 300

City

Anchorage

State

AK

Zip Code

99508-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227568

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nick M DiGiovine, , MD

Mailing Address 435 S Crystal St Ste 400

City

Butte

State

MT

Zip Code

59701-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montana Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227569

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Lloyd Parks, , MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital for Special Surg-  
ery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227570

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert E Gieringer, , MD

Mailing Address 2751 Debarr Rd Ste B320

City

Anchorage

State

AK

Zip Code

99508-6805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227571

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Harvey E Smires, Jr, MD

Mailing Address 325 Princeton Ave

City

Princeton

State

NJ

Zip Code

08540-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Princeton Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227572

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Francis Mess, Jr, MD

Mailing Address 12470 Petrillo Dr

City

Highland

State

MD

Zip Code

20777-9567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Potomac Valley Orthopaedic  
Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227574

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alfred Ainsley Durham, , MD

Mailing Address 2954 Lockridge Rd

City

Roanoke

State

VA

Zip Code

24014-4209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lewis Gale Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227576

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James C Vailas, , MD

Mailing Address Orthopaedic Center  
35 Kosciuszko St

City

Manchester

State

NH

Zip Code

03101-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227579

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel J McGuire, , MD

Mailing Address 1300 Des Moines Ste 104

City

Des Moines

State

IA

Zip Code

50309-5547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Spine Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227582

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard F McKay, MD

Mailing Address 8 Medical Dr

City

Amarillo

State

TX

Zip Code

79106-4168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227583

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nicholas M Halikis, MD

Mailing Address 23456 Hawthorne Blvd Ste 300

City

Torrance

State

CA

Zip Code

90505-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227584

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Albert F Haas, MD

Mailing Address 6144 Airport Blvd

City

Mobile

State

AL

Zip Code

36608-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedics and Sports  
Med of Mobile

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227585

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan S Routman, MD

Mailing Address 5601 N Dixie Hwy Ste 210

City

Oakland Park

State

FL

Zip Code

33334-4145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	0

Transaction ID: 31227586

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick T Lohr, MD

Mailing Address 100 Brown St

City

Chestertown

State

MD

Zip Code

21620-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	0

Transaction ID: 31227587

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Norman B Livermore, III, MD

Mailing Address 120 La Casa Via Ste 206

City

Walnut Creek

State

CA

Zip Code

94598-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	0

Transaction ID: 31227588

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 93 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen T Ikard, MD

Mailing Address PO Box 2447

City

Tuscaloosa

State

AL

Zip Code

35403-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227590

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. H Chester Boston, Jr, MD

Mailing Address 305 Bryant Dr East  
PO Box 2447

City

Tuscaloosa

State

AL

Zip Code

35403-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Orthopaedic Cl-  
inic PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227591

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert S Heidt, Jr, MD

Mailing Address 7575 Five Mile Rd

City

Cincinnati

State

OH

Zip Code

45230-4346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellington Orthopaedic &  
Sports Medici

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227592

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dale R Anderson, MD

Mailing Address 101 E Minnesota St Ste 210

City

State

Zip Code

Rapid City

SD

57701-7758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227593

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen G Silver, MD

Mailing Address 113 Anderson Ave

City

State

Zip Code

Demarest

NJ

07627-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227594

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George F Chimento, MD

Mailing Address 2405 Chester St

City

State

Zip Code

Metairie

LA

70001-3029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ochsner Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227595

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Felipe Fontanez Sullivan

Mailing Address Bayamon Medical Plaza  
1845 Can #2 Ste 701

City Bayamon State PR Zip Code 00959-7206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227596

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas P Vasileff, MD

Mailing Address 3260 Providence Dr Ste 200

City Anchorage State AK Zip Code 99508-4603

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Anchorage Fracture & Ortho  
Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227597

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John T Rich, MD

Mailing Address 334 Main St

City Dickson City State PA Zip Code 18519-1668

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Scranton Orthopaedic Spec-  
ialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: 31227601

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Grutter, , MD

Mailing Address 950 Plantation Blvd

City

Gallatin

State

TN

Zip Code

37066-4494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grutter Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31228928

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey L Lovallo, , MD

Mailing Address 7025 Benjamin St

City

Mc Lean

State

VA

Zip Code

22101-1550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31228930

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank J Eismont, , MD

Mailing Address Dept of Orthopaedics  
PO Box 016960 (D-27)

City

Miami

State

FL

Zip Code

33101-6960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Miami Scho-  
ol of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31228932

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kimberly Lee Furry, MD

Mailing Address One Mercado St Ste 202

City

Durango

State

CO

Zip Code

81301-7307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Durango Orthopaedic Assoc-  
iates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31228933

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David D Bullek, MD

Mailing Address 202 Elmer St

City

Westfield

State

NJ

Zip Code

07090-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31228935

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Henry G Chambers, MD

Mailing Address 3030 Children's Way Ste 410

City

San Diego

State

CA

Zip Code

92123-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31228937

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert J Bercik, MD

Mailing Address 1445 Raritan Rd

City

Clark

State

NJ

Zip Code

07066-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31228938

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Anthony R Marino, MD

Mailing Address 12 Misty Ln

City

Londonderry

State

NH

Zip Code

03053-2675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31228939

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph F Curtis, Jr, MD

Mailing Address PO Box 250450

City

Montgomery

State

AL

Zip Code

36125-0450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Orthopaedic Surg-  
eons

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31228940

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lawrence Berson, , MD

Mailing Address 410 Saybrook Rd Ste 100

City

Middletown

State

CT

Zip Code

06457-4780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOS, PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31228942

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gerald C Shute, , MD

Mailing Address 1547 SE Ballantrae Ct

City

Port Saint Lucie

State

FL

Zip Code

34952-6041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31228944

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John W Gainor, , MD

Mailing Address PO Box 1200

City

Santa Barbara

State

CA

Zip Code

93102-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Barbara Medical Cli-  
nic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31228946

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jay David Pond, MD

Mailing Address 800 Orthopedic Way

City

Arlington

State

TX

Zip Code

76015-1629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arlington Orthopedic Asso-  
ciates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31228947

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James O Maher, III, MD

Mailing Address 2 Dudley St Ste 200

City

Providence

State

RI

Zip Code

02905-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31229290

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kevin L Tadych, MD

Mailing Address 7520 Hwy 51 S Ste A

City

Minocqua

State

WI

Zip Code

54548-8944

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern Wisconsin Bone  
& Joint Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31229291

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joshua J Jacobs, , MD

Mailing Address 1725 W Harrison St Ste 1063

City  
ChicagoState  
ILZip Code  
60612-3835FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Midwest Orthopaedics at  
RushOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: 31229292

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Rick W Wright, , MD

Mailing Address Ste 11300 West Pavilion Ortho  
One Barnes Jewish Hospital PlazaCity  
Saint LouisState  
MOZip Code  
63110-1003FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Washington University Sch-  
ool of MediciOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: 31229293

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Assenmacher, , MD

Mailing Address 7024 White Tail Ct

City  
ToledoState  
OHZip Code  
43617-1391FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Promedica Physician GroupOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: 31229295

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. William D Allen, , MD

Mailing Address 2854 Bell St

City

Zanesville

State

OH

Zip Code

43701-1721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of  
Zanesville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31229297

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John J Callaghan, , MD

Mailing Address Dept Of Orthopaedics

200 Hawkins Dr / 01029 JPP

City

Iowa City

State

IA

Zip Code

52242-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Iowa Hospital  
and Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31229298

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David C Markel, , MD

Mailing Address 22250 Providence Dr Ste 401

City

Southfield

State

MI

Zip Code

48075-6212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31229300

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard P Driessnack, MD

Mailing Address MCE South Tower Ste 4200  
1215 21st Ave SouthCity State Zip Code  
Nashville TN 37232-0001FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Vanderbilt UniversityOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31229301

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James J Purtill, MD

Mailing Address 925 Chestnut St 5th Fl

City State Zip Code  
Philadelphia PA 19107-4206FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Rothman InstituteOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31229303

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Allen Sanders Kent, MD

Mailing Address 800 12th Ave Ste 200

City State Zip Code  
Fort Worth TX 76104-2519FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31229304

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

2300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul A Manner, , MD

Mailing Address Box 356500

1959 NE Pacific St

City

Seattle

State

WA

Zip Code

98195-6500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Washington

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31229305

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark G Murphy, , MD

Mailing Address 111 S 5th

City

Douglas

State

WY

Zip Code

82633-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thunder Basin Orthopaedics  
& SportsMed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31229306

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Randeep S Kahlon, , MD

Mailing Address 4745 Ogletown-Stanton Rd Ste 225

City

Newark

State

DE

Zip Code

19713-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31229307

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mahmood Jay Jazayeri, MD

Mailing Address 2690 Pacific Ave Ste 300

City

Long Beach

State

CA

Zip Code

90806-2660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230410

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Mills Roberts, MD

Mailing Address 2120 N MacArthur Blvd Ste 100

City

Irving

State

TX

Zip Code

75061-2260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230411

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Atkins, MD

Mailing Address 5N105 Burr Rd

City

Saint Charles

State

IL

Zip Code

60175-6106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox Valley Orthopaedic In-  
stitute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230412

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kirk Kindsfater, , MD

Mailing Address 1713 Brentford Ln

City

Fort Collins

State

CO

Zip Code

80525-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230413

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ward P Hamlet, , MD

Mailing Address 5050 N Clinton

City

Fort Wayne

State

IN

Zip Code

46825-5886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230414

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Michael Meneghini, , MD

Mailing Address 263 Farmington Ave MARB 4th Fl

City

Farmington

State

CT

Zip Code

06034-4037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Connecticut

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230415

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kevin J McGuire, MD

Mailing Address Beth Israel Deaconess Medical Ctr  
330 Brookline Ave CC2

City State Zip Code  
Boston MA 02215-5400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Beth Israel Deaconess Med-  
ical Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230416

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Shannon E Cooke, MD

Mailing Address 1749 Pine St

City State Zip Code  
Abilene TX 79601-3043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230418

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Bugbee, MD

Mailing Address Scripps Clinic Torrey Pines  
10666 N Torrey Pines Rd MS116

City State Zip Code  
La Jolla CA 92037-1027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Scripps Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230419

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert C Durkin, , MD

Mailing Address Kapiolani Med Ctr for Women & Chil  
1319 Punahou St Ste 630City State Zip Code  
Honolulu HI 96826-1044FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hawaii Pacific HealthOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31230420

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Russell Cecil, , MD

Mailing Address 5010 St Hwy 30 Ste 205

City State Zip Code  
Amsterdam NY 12010-7532FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31230421

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas L Martin, , MD

Mailing Address 900 Buffalo Rd Frnt 1

City State Zip Code  
Lewisburg PA 17837-1206FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31230422

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Alan Kammerlocher, MD

Mailing Address 1110 N Lee

City

Oklahoma City

State

OK

Zip Code

73103-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McBride Clinic Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31230424

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gary K Frykman, MD

Mailing Address 30523 Los Altos Dr

City

Redlands

State

CA

Zip Code

92373-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31230425

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Matthew P Steffes, MD

Mailing Address 23550 Park St Ste 100

City

Dearborn

State

MI

Zip Code

48124-2592

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Transaction ID: 31230426

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas P Gross, , MD

Mailing Address 1910 Blanding St

City

Columbia

State

SC

Zip Code

29201-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midlands Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230589

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David J Yasgur, , MD

Mailing Address 111 Bedford Rd

City

Katonah

State

NY

Zip Code

10536-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Kisco Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230590

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kieran Daniel Cody, , MD

Mailing Address 800 W State St Ste 202

City

Doylestown

State

PA

Zip Code

18901-5842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230594

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Peter A Looby, , MD

Mailing Address 810 E 23rd St

City

Sioux Falls

State

SD

Zip Code

57105-2135

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Orthopedic Institute, PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: 31230595

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph A Wieck, , MD

Mailing Address 394 Harding Pl Ste 200

City

Nashville

State

TN

Zip Code

37211-3980

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: 31230596

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. C Thomas Hopkins, , MD

Mailing Address 717 S 8th St

City

Griffin

State

GA

Zip Code

30224-4818

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Orthopaedic and Sports In-  
jury Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: 31230598

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard A Cautilli, Jr, MD

Mailing Address Cautilli Orthopaedic Surgical Spec  
115 Floral Vale Blvd Ste C

City State Zip Code  
Yardley PA 19067-5522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230599

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. D Kay Kirkpatrick, , MD

Mailing Address 5671 Peachtree Dunwoody Rd Ste 700

City State Zip Code  
Atlanta GA 30342-5047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Resurgens Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230600

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ronald S Lederman, , MD

Mailing Address 3227 Woodview Lake Rd

City State Zip Code  
West Bloomfield MI 48323-3572

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230602

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

2375.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Terry A Siller, MD

Mailing Address 6501 Memorial Dr

City

Texas City

State

TX

Zip Code

77591-4015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Clinic of Gal-  
veston

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: 31230603

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark W Diehl, MD

Mailing Address 1110 Hazeltine Ln

City

Kennesaw

State

GA

Zip Code

30152-4742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pinnacle Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: 31230605

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James D Kelly, II, MD

Mailing Address 2351 Clay St Ste 510

City

San Francisco

State

CA

Zip Code

94115-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Transaction ID: 31230606

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John M Olsewski, MD

Mailing Address 135 Bramble Brook Rd

City

Ardsley

State

NY

Zip Code

10502-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230608

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Huntly Gordon Chapman, MD

Mailing Address 3900 Junius St Ste 705

City

Dallas

State

TX

Zip Code

75246-1627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230609

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan S Hilibrand, MD

Mailing Address 925 Chestnut St- 5th Fl

City

Philadelphia

State

PA

Zip Code

19107-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reconstruction Orthopedic  
Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230610

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David D Gallagher, MD

Mailing Address 6105 Horizon Dr

City

Columbus

State

IN

Zip Code

47201-1110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230611

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Felix H Savoie, III, MD

Mailing Address Dept of Ortho  
1430 Tulane Ave Rm 2070

City

New Orleans

State

LA

Zip Code

70112-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tulane University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230612

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alexander Raskin, MD

Mailing Address 16311 Ventura Blvd Ste 1150

City

Encino

State

CA

Zip Code

91436-4386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 1 0

Transaction ID: 31230613

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John J Callahan, Jr, MD

Mailing Address 3925 Sheridan Dr Ste 100

City

Amherst

State

NY

Zip Code

14226-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Excelsior Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31232651

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John M Beiner, , MD

Mailing Address 2408 Whitney Ave

City

Hamden

State

CT

Zip Code

06518-3209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31232653

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Q Freehill, , MD

Mailing Address 8100 W 78th St Ste 225

City

Edina

State

MN

Zip Code

55439-2569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sports and Orthopaedic Sp-  
ecialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31232655

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. D Allan Lanzo, MD

Mailing Address 6565 N Charles St Ste 606

City

Baltimore

State

MD

Zip Code

21204-5801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232656

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephanie E Siegrist, MD

Mailing Address Bldg 100 Ste 105  
980 Westfall Rd

City

Rochester

State

NY

Zip Code

14618-2605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232723

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John D Bailey, MD

Mailing Address 4140 Centennial Hills Blvd Ste C

City

Casper

State

WY

Zip Code

82609-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Orthopaedic Associ-  
ates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232724

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Howard I Freedberg, MD

Mailing Address 1110 W Schick Rd

City

Bartlett

State

IL

Zip Code

60103-3007

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Suburban Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31232725

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John S Early, MD

Mailing Address 8210 Walnut Hill Ln Ste 130

City

Dallas

State

TX

Zip Code

75231-4418

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31232727

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John G Birch, MD

Mailing Address 2222 Welborn St

City

Dallas

State

TX

Zip Code

75219-3924

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Texas Scottish Rite Hospi-  
tal

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31232728

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott J Tarantino, MD

Mailing Address 1105 Justa Ln

City

Cockeysville

State

MD

Zip Code

21030-1730

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Towson Orthopaedic Associ-  
ates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31232730

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Cooper L Terry, MD

Mailing Address 497 Azalea Dr Ste 102

City

Oxford

State

MS

Zip Code

38655-7906

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31232731

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Brian H Mullis, MD

Mailing Address Dept of Ortho Surgery  
541 Clininal Dr Ste 600

City

Indianapolis

State

IN

Zip Code

46202-5233

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Indiana University School  
of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31232732

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Darin T Leetun, MD

Mailing Address Portage Health  
500 Campus Dr

City Hancock State MI Zip Code 49930-1569

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Portage Health

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232733

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Victor Mungo, MD

Mailing Address 11218 Clapsaddle Ave NE

City Alliance State OH Zip Code 44601-9765

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alliance Community Hospital

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232807

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David R Morawski, MD

Mailing Address 2525 Kaneville Rd

City Geneva State IL Zip Code 60134-2578

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FVO Administrative Services

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232809

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Shannon Lawler, MD

Mailing Address 4000 Civic Center Dr Ste 205

City

San Rafael

State

CA

Zip Code

94903-5233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232810

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Lewis Craig, III, MD

Mailing Address 4240 Foxbury Ct

City

Winston Salem

State

NC

Zip Code

27104-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Specialists  
of the Carolin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232811

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. J Wesley Mesko, MD

Mailing Address 2815 S Pennsylvania Ave Ste 204

City

Lansing

State

MI

Zip Code

48910-3496

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michigan Orthopaedic Cent-  
er

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232813

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott A McPherson, , MD

Mailing Address 7088 Cahill Rd

City

Minneapolis

State

MN

Zip Code

55439-2035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Nicollet Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232814

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Scott R Grewe, , MD

Mailing Address Orthopedics Northwest  
15755 SW Sequoia Pkwy Ste 200

City

Tigard

State

OR

Zip Code

97224-7166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232817

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Neal L Rockowitz, , MD

Mailing Address Rockowitz Orthopaedic Center  
3815 North 32nd Street

City

Phoenix

State

AZ

Zip Code

85018-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232820

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Nile R Lestrangle, MD

Mailing Address 1600 S Federal Hwy Ste 1000

City

Pompano Beach

State

FL

Zip Code

33062-7521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232934

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. J Spence Reid, MD

Mailing Address 500 University Dr  
MC H089, PO Box 850

City

Hershey

State

PA

Zip Code

17033-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hershey Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232935

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Ramsey, MD

Mailing Address 2701 Raquet Club Dr

City

Midland

State

TX

Zip Code

79705-7432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Texas Spine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232936

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael R Sathy, , MD

Mailing Address 1263 Richardson Ave

City

Los Altos

State

CA

Zip Code

94024-6034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Palo Alto Med-  
ical Foundati

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232937

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert T Mazurek, , MD

Mailing Address 145 N Brent St Ste 101

City

Ventura

State

CA

Zip Code

93003-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232938

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas T Phuriphan, , MD

Mailing Address 1515 Newell Ave

City

Walnut Creek

State

CA

Zip Code

94596-5120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232939

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Sizensky, MD

Mailing Address 732 Hidden View Ct

City

Slinger

State

WI

Zip Code

53086-9395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aurora Advanced Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232940

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Yamil C Rivera, MD

Mailing Address Monte Verde Real Vereda 20

City

San Juan

State

PR

Zip Code

00926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Spine Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232941

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Franklyn E Seabrooks, II, MD

Mailing Address 2702 Low Ct

City

Fairfield

State

CA

Zip Code

94534-9771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Solano Regional Medical  
Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232943

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael J Yaszemski, MD, PhD

Mailing Address 200 First St SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232944

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Todd Shapiro, MD

Mailing Address 9113 Cross Water Dr

City

Bakersfield

State

CA

Zip Code

93312-6276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOCAL Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232945

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark A Wolgin, MD

Mailing Address Orthopaedic Associates  
619 Pointe North Blvd

City

Albany

State

GA

Zip Code

31721-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31232946

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Debra M Parisi, MD

Mailing Address 697 West End Ave Apt PH B

City

New York

State

NY

Zip Code

10025-6921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Continium Health Partners

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232947

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William N Haller, III, MD

Mailing Address 135 Fair Oaks Circle

City

Gadsden

State

AL

Zip Code

35901-5413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gadsden Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232948

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marc Romaine Davidson, MD

Mailing Address 2088 Alpine Dr

City

West Linn

State

OR

Zip Code

97068-8618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232949

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey R Smith, , MD

Mailing Address 2646 N Foothill Dr

City

Provo

State

UT

Zip Code

84604-4390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intermountain Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31232951

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Miguel A Pirela-Cruz, , MD

Mailing Address Ortho Surgery  
4800 Alberta Ave

City

El Paso

State

TX

Zip Code

79905-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Tech University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233431

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen J Ringel, , MD

Mailing Address 4005 Business Park Dr

City

Amarillo

State

TX

Zip Code

79110-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233432

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey S Schiffman, MD

Mailing Address 255 N Elm St Ste 201

City

Escondido

State

CA

Zip Code

92025-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North County Spine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233434

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Peter Kant, MD

Mailing Address 17270 Red Oak Dr Ste 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KSF Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233436

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey R Carlson, MD

Mailing Address Orthopaedic and Spine Center  
250 Nat Turner Blvd

City

Newport News

State

VA

Zip Code

23606-2899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233437

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Charles Kofoed, MD

Mailing Address 2619 Seminole Ct

City

Fairfield

State

CA

Zip Code

94534-7871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sutter Regional Medical  
Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233438

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Anthony Osterkamp, MD

Mailing Address 1818 Verdugo Blvd Ste 402

City

Glendale

State

CA

Zip Code

91208-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233439

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Abbott Kagan, II, MD

Mailing Address 8710 College Pky

City

Fort Myers

State

FL

Zip Code

33919-4811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233440

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Scott Beecher Scutchfield, , MD

Mailing Address 1591 Lexington Rd

City

Danville

State

KY

Zip Code

40422-9795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Kentucky

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31233441

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher R Goll, , MD

Mailing Address 7758 Chipwood Ln

City

Jacksonville

State

FL

Zip Code

32256-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31233443

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Marc Stoller, , MD

Mailing Address 30 W Century Rd Ste 320

City

Paramus

State

NJ

Zip Code

07652-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31233444

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Deanna M Boyette, , MD

Mailing Address 602 Daventry Dr

City

Greenville

State

NC

Zip Code

27858-6513

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
OEI

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233445

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Berkowitz, , MD

Mailing Address 1200 Eagle Ave

City

Ocean

State

NJ

Zip Code

07712-7631

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Seaview Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233447

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey J Lazarus, , MD

Mailing Address 31 S River Rd

City

Stuart

State

FL

Zip Code

34996-6723

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Treasure Coast Ortho Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233449

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory D Gramstad, MD

Mailing Address 6702 SW Canyon Crest Dr

City

Portland

State

OR

Zip Code

97225-3617

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwest Surgical Special-  
ists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233450

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Thomas Killian, MD

Mailing Address 2660 10th Ave So  
Bldg 1 Ste 107

City

Birmingham

State

AL

Zip Code

35205-1605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233451

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gary M Schniegenberg, MD

Mailing Address 801 Medical Dr Ste A

City

Lima

State

OH

Zip Code

45804-4030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Orthopedic Institute of  
Ohio

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233691

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas A Malvitz, MD

Mailing Address 1111 Leffingwell NE Ste 100

City

Grand Rapids

State

MI

Zip Code

49525-6406

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Orthopaedic Associates of  
Michigan

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233692

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven I Grindel, MD

Mailing Address Dept of Ortho Surg  
9200 W Wisconsin Ave

City

Milwaukee

State

WI

Zip Code

53226-3522

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medical College of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233693

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Denis R Clohisy, MD

Mailing Address R200 2450 Riverside Ave South

City

Minneapolis

State

MN

Zip Code

55455

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ of Minnesota

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233694

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew J Vicar, , MD

Mailing Address 1801 N Senate Blvd

City

Indianapolis

State

IN

Zip Code

46202-1228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Indy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233695

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William J Jarvis, , MD

Mailing Address 5200 Hummingbird Rd Ste 100

City

Wausau

State

WI

Zip Code

54401-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bone & Joint Clinic, SC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233696

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Nicholas J Yokan, , MD

Mailing Address 1380 E Shore Dr

City

Detroit Lakes

State

MN

Zip Code

56501-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Innovis Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	0

Transaction ID: 31233697

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. George Kyle Parkins, II, MD

Mailing Address 5131 Somerset Dr

City

Prairie Village

State

KS

Zip Code

66207-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Missouri

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233698

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mohammed-Tarek Al-Fahl, MD

Mailing Address 9715 Stonecross Bend Dr

City

Houston

State

TX

Zip Code

77070-4399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233699

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Terry Jackman Beal, MD

Mailing Address 2117 S Clear Creek Rd

City

Killeen

State

TX

Zip Code

76549-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233701

Amount of Each Receipt this Period

900.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Philip Schrank, , MD

Mailing Address 5 Schooners Cove

City

Setauket

State

NY

Zip Code

11733-3951

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233705

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Craig S Roberts, , MD

Mailing Address 210 E Gray St Ste 1003

City

Louisville

State

KY

Zip Code

40202-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Louisville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31233706

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. E Burke Evans, , MD

Mailing Address Dept of Ortho Surg & Rehab  
301 University Blvd

City

Galveston

State

TX

Zip Code

77555-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Texas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

Transaction ID: 31235645

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Audrey K Tsao, MD

Mailing Address 12361 W Bola Dr Ste 100

City

Surprise

State

AZ

Zip Code

85374-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sun Valley Orthopaedic Sur-  
geons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31235646

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lesley J Anderson, MD

Mailing Address 2100 Webster St Ste 309

City

San Francisco

State

CA

Zip Code

94115-2376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

Transaction ID: 31235648

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel J Gallagher, MD

Mailing Address 4633 Wichers Dr Ste 100

City

Marrero

State

LA

Zip Code

70072-3064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	1	0

Transaction ID: 31271967

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

1600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David M Oster, , MD

Mailing Address 5290 S Geneva Way

City

Englewood

State

CO

Zip Code

80111-6203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Denver-Vail Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271968

Amount of Each Receipt this Period

375.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael McNamara, , MD

Mailing Address 2841 DeBarr Rd Ste 23

City

Anchorage

State

AK

Zip Code

99508-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271970

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John E Lonstein, , MD

Mailing Address Twin Cities Spine Center  
913 E 26th St Ste 600

City

Minneapolis

State

MN

Zip Code

55404-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Twin Cities Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271971

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1875.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jay M Minorik, MD

Mailing Address 4924 Silentwind Way

City

Appleton

State

WI

Zip Code

54913-6840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271973

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patricia McHale, MD

Mailing Address 15819 Glenmiro Dr

City

Huntersville

State

NC

Zip Code

28078-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271974

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Craig H Rosen, MD

Mailing Address 1802 Champlain Dr

City

Voorhees

State

NJ

Zip Code

08043-2870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271975

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert A Gurtler, , MD

Mailing Address 2192 Wagon Trail Rd

City

White Heath

State

IL

Zip Code

61884-9314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carle Clinic Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Transaction ID: 31271976

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Anthony L Brown, , MD

Mailing Address 3235 Vollmer Rd Ste 147

City

Flossmoor

State

IL

Zip Code

60422-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Transaction ID: 31271977

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James W Nichols, , DO

Mailing Address 1112 Mill St

City

Camden

State

SC

Zip Code

29020-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Transaction ID: 31271978

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Ball McGinley, , MD

Mailing Address The Orthopaedic Group  
PO Box 86144City State Zip Code  
Mobile AL 36689-6144FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Transaction ID: 31271981

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul C Matson, , MD

Mailing Address 1431 Premier Dr  
PO Box 4369City State Zip Code  
Mankato MN 56001-6076FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Orthopedic & Fracture Cli-  
nicOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Transaction ID: 31271983

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael G Vitale, , MD

Mailing Address 3959 Broadway 8th Fl North

City State Zip Code  
New York NY 10032FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NYOHOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Transaction ID: 31271987

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard J Mason, , MD

Mailing Address 510 Idlewild Ave

City

Easton

State

MD

Zip Code

21601-3881

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271989

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert P Nirschl, , MD

Mailing Address 1715 N George Mason Dr Ste 504

City

Arlington

State

VA

Zip Code

22205-3670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nirschl Orthopedic Sports  
Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271994

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gerald Q Greenfield, Jr, MD

Mailing Address 2829 Babcock Rd Ste 700

City

San Antonio

State

TX

Zip Code

78229-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271995

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

John W Acampa, MD

Mailing Address 180 E Main St

City

Bay Shore

State

NY

Zip Code

11706-8427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31271996

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James M Donohue, MD

Mailing Address 2309 23rd St  
PO Box 273

City

Spirit Lake

State

IA

Zip Code

51360-0273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Lakes Orthopaedics  
PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272012

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ray M Fitzgerald, MD

Mailing Address 17270 Red Oak Dr Ste 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KSF Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272014

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark C Meier, MD

Mailing Address Orhopaedic Associates  
901 N Curtis #501

City State Zip Code  
Boise ID 83706-1343

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272018

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas W Wright, MD

Mailing Address 8314 SW 42nd Ave

City State Zip Code  
Gainesville FL 32608-3655

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Florida

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272019

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Todd A Schmidt, MD

Mailing Address 2865 Lake Park Dr

City State Zip Code  
Lake Spivey GA 30236-4133

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southern Orthopaedic Spec-  
ialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272021

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Leland R Mayer, , MD

Mailing Address S 5841 County Rd B

City

Eau Claire

State

WI

Zip Code

54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Luther-Midelfort

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272022

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David J Flesher, , MD

Mailing Address 3301 NW 50th St

City

Oklahoma City

State

OK

Zip Code

73112-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopedic Associates Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272024

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth A Martin, , MD

Mailing Address 8907 Kanis Rd Ste 330

City

Little Rock

State

AR

Zip Code

72205-6451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Bowen Hefley Ortho-  
paedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272026

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul L Tesar, , MD

Mailing Address PO Box 929

City

Saint Helens

State

OR

Zip Code

97051-0929

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272031

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul Calvin Collins, , MD

Mailing Address 1520 W State St Ste220

City

Boise

State

ID

Zip Code

83702-4085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272032

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Vincent E Vena, , MD

Mailing Address 2 Celeste Dr

City

Johnstown

State

PA

Zip Code

15905-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western PA Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272036

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. George A Pugh, , MD

Mailing Address 1124 Longridge Rd

City

Oakland

State

CA

Zip Code

94610-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Bay Orthopaedic Spec-  
ialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	1	0

Transaction ID: 31272037

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charlotte J Harris, , MD

Mailing Address 991 Medical Park Dr Ste 300

City

Maysville

State

KY

Zip Code

41056-8765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	1	0

Transaction ID: 31272038

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott M Morrell, , MD

Mailing Address 3211 Iris Dr

City

Covington

State

GA

Zip Code

30016-0907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	1	0

Transaction ID: 31272040

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1150.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steve G Salyers, , MD

Mailing Address 1060 Rossview Rd

City

Clarksville

State

TN

Zip Code

37043-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272041

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Chitranjan S Ranawat, , MD

Mailing Address 535 East 70th St 6th Fl

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lenox Hill Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272042

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alex B Bodenshtab, , MD

Mailing Address 4745 Ogletown Stanton Rd Ste 225

City

Newark

State

DE

Zip Code

19713-1340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272043

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph M Lane, MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital for Special Surg-  
ery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272046

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell B Sheinkop, MD

Mailing Address 2328 N Cleveland

City

Chicago

State

IL

Zip Code

60614-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272049

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Clifford K Boese, MD

Mailing Address One Edmundson PI Ste 500

City

Council Bluffs

State

IA

Zip Code

51503-4619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller Orthopedic Affilia-  
tes

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 1 0

Transaction ID: 31272051

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David W Shenton, Jr, MD

Mailing Address 3134 Sycamore Ln

City

State

Zip Code

Billings

MT

59102-0524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31293997

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mary Haus, , MD

Mailing Address 4050 Briarwood Dr

City

State

Zip Code

Jeannette

PA

15644-4054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Valley Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31293999

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John A Repicci, , MD

Mailing Address 4510 Main St

City

State

Zip Code

Buffalo

NY

14226-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294002

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Leslie P Dean, MD

Mailing Address 3260 Providence Dr Ste 200

City

Anchorage

State

AK

Zip Code

99508-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294004

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Austin Thomas Fragomen, MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital for Special Surg-  
ery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294006

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Scott Goldberg, MD

Mailing Address 5867 Whisperwood Ct

City

Naples

State

FL

Zip Code

34110-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294007

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas R Huberty, MD

Mailing Address 2111 Ogden Ave

City

Aurora

State

IL

Zip Code

60504-7597

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Castle Orthopaedics & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294008

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David S Matthews, MD

Mailing Address 3010 N Circle Dr Ste 100A

City

Colorado Springs

State

CO

Zip Code

80909-1182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294009

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles A Hope, II, MD

Mailing Address Southeastern Orthopedic Center  
210 E DeRenne Ave

City

Savannah

State

GA

Zip Code

31405-6736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeastern Ortho Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294010

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Frederick F Fakharzadeh, MD

Mailing Address 22 Madison Ave

City

Paramus

State

NJ

Zip Code

07652-2734

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Transaction ID: 31294011

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Beissinger, MD

Mailing Address 6325 US Hwy 27 N Ste 201

City

Sebring

State

FL

Zip Code

33870-8226

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Transaction ID: 31294013

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey W Wiley, MD

Mailing Address 264 Pleasant St

City

Concord

State

NH

Zip Code

03301-2551

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Concord Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Transaction ID: 31294016

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Peter D Wood, , MD

Mailing Address 1925 W Mountain View Ave

City

Longmont

State

CO

Zip Code

80501-3128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Longmont Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294017

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric M Orenstein, , MD

Mailing Address 1809 Connemara Ct

City

Lafayette

State

IN

Zip Code

47905-7941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294018

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard David Heekin, , MD

Mailing Address 2627 Riverside Ave # 300

City

Jacksonville

State

FL

Zip Code

32204-4712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294021

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 156 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Craig Dunwoody Cameron, , DO

Mailing Address 6500 La Posta Dr

City

El Paso

State

TX

Zip Code

79912-7333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294022

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Fred G Corley, , MD

Mailing Address Dept of Orthopaedics

7703 Floyd Curl Dr MC 7774

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Texas Health Scie-  
nce Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294023

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael P Young, , MD

Mailing Address 350 Fox Hunt Trail

City

Barrington

State

IL

Zip Code

60010-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294024

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Craig T Kerins, , MD

Mailing Address 1521 Anthony Rd

City

Augusta

State

GA

Zip Code

30904-4821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Augusta Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294027

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amit Agarwala, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Lakewood

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294358

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher M Brian, , MD

Mailing Address 6 White Birch

City

Littleton

State

CO

Zip Code

80127-3551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294359

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark J Conklin, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294360

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Premjit Deol, DO

Mailing Address 1690 Bassett St Unit 11

City

Denver

State

CO

Zip Code

80202-1880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294361

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bharat M Desai, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294362

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Douglas A Foulk, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Transaction ID: 31294363

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas G Frierwood, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Transaction ID: 31294364

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Adam Gottlob, , MD

Mailing Address 660 Golden Ridge Rd

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Transaction ID: 31294366

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Raeburn M Jenkins, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	0

Transaction ID: 31294367

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James T Johnson, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	0

Transaction ID: 31294368

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter Lammens, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	0

Transaction ID: 31294369

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 161 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Lonnie Eric Loutzenhiser, MD

Mailing Address 1411 Wynkoop St Unit 702

City

Denver

State

CO

Zip Code

80202-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294370

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick McNair, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294371

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark F Mills, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294372

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Roger E Murken, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294373

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Nimesh Patel, , MD

Mailing Address 1898 Denver West Ct Apt 1211

City

Lakewood

State

CO

Zip Code

80401-0928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294374

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Joseph Puschak, , MD

Mailing Address 5275 Dunraven Circle

City

Golden

State

CO

Zip Code

80403-2059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294375

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Mitchel S Robinson, MD

Mailing Address 5021 East Oxford Ave

City

Cherry Hills Villa

State

CO

Zip Code

80113-5117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Transaction ID: 31294376

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Walter G Robinson, Jr, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Transaction ID: 31294377

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edmund B Rowland, Jr, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	0

Transaction ID: 31294378

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell D Seemann, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294379

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric J Stahl, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294380

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas J Straehley, , MD

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294381

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 165 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Douglas Cabot Wong, , MD

Mailing Address 660 Golden Ridge Rd #250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Panorama Ortho & Spine Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 1 0

Transaction ID: 31294382

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wayne M Goldstein, , MD

Mailing Address 9000 Waukegan Rd

City

Morton Grove

State

IL

Zip Code

60053-2127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Illinois Bone & Joint Ins-  
titute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296215

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas M Green, , MD

Mailing Address X6-ORT  
1100 9th Ave Box 900

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Virginia Mason

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296217

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hans Robert Tuten, , MD

Mailing Address PO Box 71690

City

Richmond

State

VA

Zip Code

23255-1690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296219

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher John Lang, , MD

Mailing Address 1215 W Chaucer

City

Spokane

State

WA

Zip Code

99208-8675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spokane Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296220

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ryan C Meis, , MD

Mailing Address c/o CNOS  
575 Sioux Point Rd

City

Dakota Dunes

State

SD

Zip Code

57049-5312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296221

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1150.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark R Colville, , MD

Mailing Address Physicians Pavilion

200 NE Mother Joseph Pl Ste 210

City

Vancouver

State

WA

Zip Code

98664-3295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Surgical Specia-  
lists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296222

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Renny Uppal, , MD

Mailing Address 555 N Arlington Ave

City

Reno

State

NV

Zip Code

89503-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296223

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael A Turner, , MD

Mailing Address 520 Valley View Dr

City

Moline

State

IL

Zip Code

61265-6152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopedic & Rheumatology  
Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296224

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. William R Vandiver, , MD

Mailing Address 6705 Bob O Link Dr

City

Dallas

State

TX

Zip Code

75214-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Orthopaedic Associa-  
tes

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296225

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Samuel E Smith, , MD

Mailing Address 1551 Professional Ln Ste 200

City

Longmont

State

CO

Zip Code

80501-6964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296226

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James L Scales, , MD

Mailing Address 280 Newton Sparta Rd Ste 4

City

Newton

State

NJ

Zip Code

07860-2775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296228

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mary I O'Connor, , MD

Mailing Address 4500 San Pablo Rd

City

Jacksonville

State

FL

Zip Code

32224-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic Jacksonville

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296229

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. A Bruce Reid, , MD

Mailing Address 806 Maple Dr

City

Griffin

State

GA

Zip Code

30224-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296232

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank R Joseph, , MD

Mailing Address 1285 Hembree Rd Ste 200A

City

Roswell

State

GA

Zip Code

30076-4995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296233

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Fred C Redfern, , MD

Mailing Address 600 Whitney Ranch Dr Ste D22

City

Henderson

State

NV

Zip Code

89014-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296234

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lawrence D Dorr, , MD

Mailing Address 637 S Lucas Ave 5th Fl

City

Los Angeles

State

CA

Zip Code

90017-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296235

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Hollis Walker, , MD

Mailing Address 4715 Whitesburg Dr

City

Huntsville

State

AL

Zip Code

35802-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296236

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael T Archdeacon, , MD

Mailing Address Dept of Ortho Surgery

231 Albert Sabin Way, ML 0212

City

State

Zip Code

Cincinnati

OH

45267-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Cincinnati  
Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296237

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Tye Ouzounian, , MD

Mailing Address 5620 Wilbur Ave Ste 216

City

State

Zip Code

Tarzana

CA

91356-1309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296238

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey H Charen, , MD

Mailing Address 205 May St Ste 202

City

State

Zip Code

Edison

NJ

08837-3267

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296239

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan Daniel Scherl, MD

Mailing Address 440 Curry Ave Ste A

City

Englewood

State

NJ

Zip Code

07631-1794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296240

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David G Lehrman, MD

Mailing Address 4701 Meridian Ave  
Adams Bldg Ste 601

City

Miami Beach

State

FL

Zip Code

33140-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296241

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brian Makhuli, MD

Mailing Address 1748 Woodwalk Creek

City

Atlanta

State

GA

Zip Code

30339-8480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296242

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Riederman, , MD

Mailing Address 2700 Quarry Lake Dr Ste 300

City

Baltimore

State

MD

Zip Code

21209-3746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Specialty Cen-  
ter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296243

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Randall Evan Marcus, , MD

Mailing Address 11100 Euclid Ave

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNMG

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296245

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Craig Alan Butler, , MD, MBA

Mailing Address Orthopaedic Center  
1911 Miccosukee Rd

City

Tallahassee

State

FL

Zip Code

32308-5321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296248

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. James P Jamison, , MD

Mailing Address 6470 Tippecanoe Rd

City

Canfield

State

OH

Zip Code

44406-9008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296251

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Paul D Burton, , DO

Mailing Address 250 Campbell Ave

City

Redlands

State

CA

Zip Code

92373-6832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arrowhead Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296257

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas Bentley Freedberg, , MD

Mailing Address 6818 E Valley Vista Ln

City

Paradise Valley

State

AZ

Zip Code

85253-5349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296259

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew M Casden, , MD

Mailing Address Beth Israel Med Ctr/Spine Inst  
10 Union Square East Ste 5P

City State Zip Code  
New York NY 10003-3314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Beth Israel Medical Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296260

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John W Solari, , MD

Mailing Address 10 Wellspring Rd

City State Zip Code  
Biddeford ME 04005-9401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296261

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen W Snow, , MD

Mailing Address 404 Yauger Way SW Ste 100

City State Zip Code  
Olympia WA 98502-8152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296262

Amount of Each Receipt this Period

542.00

**SUBTOTAL** of Receipts This Page (optional) .....

1292.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Frederick N Meyer, , MD

Mailing Address 6505 Sugar Pointe Ct

City

State

Zip Code

Mobile

AL

36695-2741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of South Alaba-  
ma

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296263

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gary Drillings, , MD

Mailing Address 1777 Hamburg Tpke Ste 305

City

State

Zip Code

Wayne

NJ

07470-5243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296264

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert H Harrington, , MD

Mailing Address 7 Marsh Brook Dr Ste 205

City

State

Zip Code

Somersworth

NH

03878-6523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seacoast Orthopedics and  
Sports Medici

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Transaction ID: 31296265

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Benjamin David Sutker, , MD

Mailing Address 210 E DeRenne Ave

City

Savannah

State

GA

Zip Code

31405-6736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeastern Orthopaedic  
Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296266

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael L Gordon, , MD

Mailing Address 201 Kings Pl

City

Newport Beach

State

CA

Zip Code

92663-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Orthopaedic Insti-  
tute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296267

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jon D Norberg, , MD

Mailing Address 3270 20th St S

City

Fargo

State

ND

Zip Code

58104-5917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296269

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark S Humphrey, , MD

Mailing Address 12200 W 106th St Ste 400

City

Overland Park

State

KS

Zip Code

66215-2305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Overland Park Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296270

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert V Knowlan, , MD

Mailing Address 1991 Northwestern Ave S

City

Stillwater

State

MN

Zip Code

55082-7536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Croix Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0

Transaction ID: 31296272

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul R Gregory, Jr, MD

Mailing Address 6620 Coyle Ave Ste 212

City

Carmichael

State

CA

Zip Code

95608-6337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296467

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Q Lewis, , MD

Mailing Address 6118 Parkway Dr

City

Corpus Christi

State

TX

Zip Code

78414-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	1	0

Transaction ID: 31296468

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sanford A Ratzan, , MD

Mailing Address 786 Montauk Hwy Ste D

City

West Islip

State

NY

Zip Code

11795-4997

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	1	0

Transaction ID: 31296469

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Victor Conescu, , MD

Mailing Address 3118 8th St

City

Las Vegas

State

NM

Zip Code

87701-5135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Miguel Clinic Corpora-  
tion

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	1	0

Transaction ID: 31296472

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Dr. Robert S Schultz, , MD

Mailing Address 2702 8th Ave North

City

State

Zip Code

Billings

MT

59101-1107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Billings Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296474

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Theodore I Macey, , MD

Mailing Address 1034 Marwalt Dr Ste 100

City

State

Zip Code

Fort Walton Beach

FL

32547-6637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296475

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven Alter, , MD

Mailing Address 222 Merrimack St Ste 300

City

State

Zip Code

Lowell

MA

01852-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Surgical Asso-  
ciates of Low

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296507

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brian Jeffrey Bear, MD

Mailing Address 324 Roxbury Rd

City

Rockford

State

IL

Zip Code

61107-5090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockford Orthopedic Assoc-  
iates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296508

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gerald M Rieber, MD

Mailing Address PO Box 170

City

Watertown

State

SD

Zip Code

57201-0170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296509

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marwan A Wehbe, MD

Mailing Address Pennsylvania Hand Ctr  
101 Bryn Mawr Ave Ste 300

City

Bryn Mawr

State

PA

Zip Code

19010-3124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PA Hand Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296510

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jaafar M Bazih, MD

Mailing Address 4802 S 109th East Ave

City

Tulsa

State

OK

Zip Code

74146-5822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tulsa Bone and Joint Asso-  
ciates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296511

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Albert Boss, MD

Mailing Address 115 E 19th St

City

Roswell

State

NM

Zip Code

88201-5151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296513

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William E Smith, Jr, MD

Mailing Address 1717 North E St Ste 534

City

Pensacola

State

FL

Zip Code

32501-6342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296514

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jose Miguel Santiago-Figueroa, MD

Mailing Address El Mirador 8th St G-15

City

San Juan

State

PR

Zip Code

00926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Condado Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	0

Transaction ID: 31296515

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bert C Callahan, MD

Mailing Address 705 S University Ave Ste 150

City

Beaver Dam

State

WI

Zip Code

53916-3071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	0

Transaction ID: 31296516

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles M Blitzer, MD

Mailing Address 7 Marsh Brook Dr Ste 205

City

Somersworth

State

NH

Zip Code

03878-6523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seacoast Ortho & Sports  
Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	0

Transaction ID: 31296517

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy L Keenen, , MD

Mailing Address Pacific Spine Specialists

19260 SW 65th Ave Ste 270

City

State

Zip Code

Tualatin

OR

97062-5705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296518

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kevin P Black, , MD

Mailing Address 30 Hope Dr

City

State

Zip Code

Hershey

PA

17033-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Penn State Hershey Medical  
Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296519

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J Forseth, , MD

Mailing Address 310 N Smith Ave Ste 370

City

State

Zip Code

Saint Paul

MN

55102-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 5 / 2 0 1 0

Transaction ID: 31296520

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David Teuscher, MD

Mailing Address 3650 Laurel Ave

City

Beaumont

State

TX

Zip Code

77707-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	1	0

Transaction ID: 31296570

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Timothy S Petsche, MD

Mailing Address 2525 Kaneville Rd

City

Geneva

State

IL

Zip Code

60134-2578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fox Valley Orthopaedic In-  
stitute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	1	0

Transaction ID: 31296571

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William J Robb, III, MD

Mailing Address Walgreen Bldg, Dept of Ortho  
2650 Ridge Ave Ste 2505

City

Evanston

State

IL

Zip Code

60201-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Illinois Bone & Joint Ins-  
titute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	1	0

Transaction ID: 31296572

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Randolph Hill Taylor, , MD

Mailing Address PO Box 2898

City

Monroe

State

LA

Zip Code

71207-2898

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296573

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Douglas S Musgrave, , MD

Mailing Address 15800 NW Fair Acres Dr

City

Vancouver

State

WA

Zip Code

98685-1665

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Surgical Specia-  
lists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296574

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. J Kevin Horn, , MD

Mailing Address 9062 N Point Dr

City

Beach City

State

TX

Zip Code

77523-8311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fondren Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296575

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David T Miller, , MD

Mailing Address 196 Brantwood Rd

City

Snyder

State

NY

Zip Code

14226-4370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Towns Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	0

Transaction ID: 31296576

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert C Seipel, , MD

Mailing Address 36500 Aurora Way

City

Oconomowoc

State

WI

Zip Code

53066-4899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aurora Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	0

Transaction ID: 31296578

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas W Daugherty, , MD

Mailing Address 190 Campus Blvd Ste 310

City

Winchester

State

VA

Zip Code

22601-2872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bone & Joint Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	0

Transaction ID: 31296580

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher M Jobe, MD

Mailing Address Dept of Ortho Surgery Ste 218  
11406 Loma Linda Dr

City State Zip Code  
Loma Linda CA 92354-3711

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Loma Linda University

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296581

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Samuel D Murray, Jr, MD

Mailing Address 4700 Waters Ave

City State Zip Code  
Savannah GA 31404-6220

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mercer Univ School of Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296582

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James H Lubowitz, MD

Mailing Address 1219-A Gusdorf Rd Ste A

City State Zip Code  
Taos NM 87571-6361

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Taos Orthopaedic Institute

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296585

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joshua D Miller, , MD

Mailing Address 720 Hiscock St

City

Ann Arbor

State

MI

Zip Code

48103-3111

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University of Michigan

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	1	0

Transaction ID: 31296586

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sean Lager, , MD

Mailing Address 27 W 72nd St Apt 1001

City

New York

State

NY

Zip Code

10023-3498

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	1	0

Transaction ID: 31296587

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mukund Komanduri, , MD

Mailing Address 823 129th Infantry Dr #105

City

Joliet

State

IL

Zip Code

60435-8347

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	1	0

Transaction ID: 31296588

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Soheil Najibi, MD

Mailing Address 1432 S Saltair Ave Apt 303

City

Los Angeles

State

CA

Zip Code

90025-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296589

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stefan Kreuzer, MD

Mailing Address 1140 Business Center Drive, Ste 10

City

Houston

State

TX

Zip Code

77043-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296590

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John H Crothers, MD

Mailing Address 2133 E Ranch Rd

City

Tempe

State

AZ

Zip Code

85284-3547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Banner Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296591

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Andrew Galeno, MD

Mailing Address 19 Bradhurst Ave Ste 1300N

City

Hawthorne

State

NY

Zip Code

10532-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 9 / 2 0 1 0

Transaction ID: 31296592

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jesse G Eisler, MD

Mailing Address 460 Hartford Tpke Ste B

City

Vernon Rockville

State

CT

Zip Code

06066-4847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376636

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William B Ericson, Jr, MD

Mailing Address Ericson Hand Center  
6100 219th St SW Ste 540

City

Mountlake Terrace

State

WA

Zip Code

98043-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376639

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen John Zabinski, MD

Mailing Address 710 Center St

City

Somers Point

State

NJ

Zip Code

08244-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shore Orthopaedic Univers-  
ity Associate

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376641

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James C Wittig, MD

Mailing Address 130 E 18th St Apt 12C

City

New York

State

NY

Zip Code

10003-2423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Sinai Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376643

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank Capecci, MD

Mailing Address Morris County Orthopaedic  
109 US Hwy 46

City

Denville

State

NJ

Zip Code

07834-2776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376645

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. A Bruce Reid, MD

Mailing Address 806 Maple Dr

City

Griffin

State

GA

Zip Code

30224-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376647

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. E Anthony Rankin, MD

Mailing Address 1160 Varnum St NE Ste 312

City

Washington

State

DC

Zip Code

20017-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rankin Orthopaedic & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376649

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David E Taylor, MD

Mailing Address 1630 E Herndon Ave Ste 204

City

Fresno

State

CA

Zip Code

93720-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Pacific Ortho Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376651

Amount of Each Receipt this Period

313.00

**SUBTOTAL** of Receipts This Page (optional) .....

1063.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark C Pinto, MD

Mailing Address 775 S Main St

City

Chelsea

State

MI

Zip Code

48118-1383

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chelsea Community Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376652

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gordon M Mead, MD

Mailing Address PO Box 51455

City

Shreveport

State

LA

Zip Code

71135-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Highland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31376653

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Walter Commodore Edwards, MD

Mailing Address 2876 Wyngate NW

City

Atlanta

State

GA

Zip Code

30305-2834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377159

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey A Mogerman, , MD

Mailing Address 206 Stevenson Rd Box 683

City

Waverly

State

PA

Zip Code

18471-0683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377161

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles H Classen, Jr, MD

Mailing Address 2104 N Heritage St

City

Kinston

State

NC

Zip Code

28501-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377162

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Donn A Fassero, , MD

Mailing Address 600 Coffee Rd

City

Modesto

State

CA

Zip Code

95355-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sutter Gould Medical Foun-  
dation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377163

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew N Pollak, , MD

Mailing Address 22 S Greene St Rm 3TR54

City

Baltimore

State

MD

Zip Code

21201-1544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Maryland

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377556

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Benjamin Gulli, , MD

Mailing Address 3366 Oakdale Ave N Ste 103

City

Minneapolis

State

MN

Zip Code

55422-2961

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Twin Cities Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377557

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel M Seybold, , MD

Mailing Address 3200 Westhill Dr Ste 201

City

Wausau

State

WI

Zip Code

54401-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377558

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joel Wolfe, , MD

Mailing Address 370 N 120th Ste 20

City

Holland

State

MI

Zip Code

49424-2196

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Shoreline Ortho & Sports  
Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	0

Transaction ID: 31377560

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Allen G Lang, , MD

Mailing Address VAMC  
3600 30th St

City

Des Moines

State

IA

Zip Code

50310-5753

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
VMAC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	0

Transaction ID: 31377561

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David W Romness, , MD

Mailing Address Commonwealth Orthopaedics  
1635 N George Mason Dr Ste 310

City

Arlington

State

VA

Zip Code

22205-3616

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Commonwealth Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	0

Transaction ID: 31377562

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert B Wilsterman, MD

Mailing Address 5 Bramblebush Park

City

Falmouth

State

MA

Zip Code

02540-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377563

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas J Dittkoff, MD

Mailing Address 6900 Orchard Lake Rd Ste 103

City

West Bloomfield

State

MI

Zip Code

48322-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michigan Orthopaedic Inst-  
itute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377564

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter W Ross, MD

Mailing Address 291 N Fireweed St

City

Soldotna

State

AK

Zip Code

99669-7540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377565

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Grady-Benson, , MD

Mailing Address 499 Farmington Ave Ste 200

City

Farmington

State

CT

Zip Code

06032-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of  
Hartford

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377566

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard R Epps, , MD

Mailing Address 7401 S Main

City

Houston

State

TX

Zip Code

77030-4509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377568

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brock Stefan Cummings, , MD

Mailing Address 6283 Clark Rd Ste 15

City

Paradise

State

CA

Zip Code

95969-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 0

Transaction ID: 31377569

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Benjamin E Bierbaum, MD

Mailing Address 91 Parker Hill Ave

City

Roxbury Crossing

State

MA

Zip Code

02120-3215

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Longwood Orthopaedic Asso-  
ciates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	0

Transaction ID: 31377571

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Lakatos, MD

Mailing Address 2050 Kenny Rd Ste 3300

City

Columbus

State

OH

Zip Code

43221-3502

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
OSU Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	0

Transaction ID: 31377576

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul J Duwelius, MD

Mailing Address 11782 SW Barnes Rd Ste 300

City

Portland

State

OR

Zip Code

97225-5933

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Orthopedic & Fracture Cli-  
nic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	0

Transaction ID: 31377577

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John H Mahon, , MD

Mailing Address 8602 N Cardinal Dr

City

Phoenix

State

AZ

Zip Code

85028-6102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	0

Transaction ID: 31377579

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert A Kelly, , MD

Mailing Address 270 Chastain Rd NW

City

Kennesaw

State

GA

Zip Code

30144-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	0

Transaction ID: 31377580

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James S UMBER, , MD

Mailing Address 251 Cohasset Rd Ste 130

City

Chico

State

CA

Zip Code

95926-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31379401

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Vincent P Genovese, , MD

Mailing Address 400 Burkley Dr

City

Greenville

State

KY

Zip Code

42345-2106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Myhlenbeurg Community Hos-  
pital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379402

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward J McPherson, , MD

Mailing Address 1400 S Grand Ave Ste 609

City

Los Angeles

State

CA

Zip Code

90015-3068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379403

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rowland Brook Mayor, , MD

Mailing Address 1 Church St 4th Fl

City

New Haven

State

CT

Zip Code

06510-3330

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Center for Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379404

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John P Heiner, , MD

Mailing Address 600 Highland Ave K4/739

City

Madison

State

WI

Zip Code

53792-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379405

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey R Ginther, , MD, FACS

Mailing Address 13827 Driftwood Dr

City

Carmel

State

IN

Zip Code

46033-8511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverview Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379407

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Albert Simpkins, , MD

Mailing Address 10600 Magnolia Ave Ste I

City

Riverside

State

CA

Zip Code

92505-1819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379409

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan L Chang, MD

Mailing Address 707 S Garfield Ave Ste 201

City

Alhambra

State

CA

Zip Code

91801-5861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Orthopaedic Medic-  
al Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379410

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Lee, MD

Mailing Address 2260 Hot Oak Ridge St

City

Las Vegas

State

NV

Zip Code

89134-5520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nevada Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379411

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John S Place, MD

Mailing Address 3907 Creekside Loop Ste 100

City

Yakima

State

WA

Zip Code

98902-4879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379412

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charles Anthony Gatto, MD

Mailing Address 62 Vanderveer Dr

City

Basking Ridge

State

NJ

Zip Code

07920-3746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-County Orthopaedic &  
Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379413

Amount of Each Receipt this Period

285.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Vincent Ruggiero, MD

Mailing Address 4 Laird Rd

City

Middletown

State

NJ

Zip Code

07748-3078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of  
N.Y.

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379414

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew Miller Cash, MD

Mailing Address 9339 W Sunset Rd Ste 100

City

Las Vegas

State

NV

Zip Code

89148-4849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Desert Spine Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379416

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1285.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David K Monson, , MD

Mailing Address 59 Executive Park S Ste 2000

City

Atlanta

State

GA

Zip Code

30329-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379417

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alexandre S Kindy, , MD

Mailing Address 101 3rd Ave SW Ste 101

City

Minot

State

ND

Zip Code

58701-3880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379419

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ian Lin, , MD

Mailing Address 104 Foster Dr

City

Des Moines

State

IA

Zip Code

50312-2538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Des Moines Orthopaedic Sur-  
geons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379420

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Norman Barrington Chutkan, MD

Mailing Address Dept of Ortho Surg  
1120 15th St BA 3300

City State Zip Code  
Augusta GA 30912-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical College of Georgia

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379423

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick McNulty, MD

Mailing Address 10981 Keymar Dr

City State Zip Code  
Las Vegas NV 89135-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nevada Ortho & Spine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31379424

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Clayton B Brandes, MD

Mailing Address 9536 NE 31st St

City State Zip Code  
Clyde Hill WA 98004-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Proliance Surgeons

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381575

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald E DiSimone, MD

Mailing Address 266 Spook Hollow Rd

City State Zip Code  
 Cogan Station PA 17728-9756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381576

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mary Lloyd Ireland, MD

Mailing Address 601 Perimeter Dr Ste 200

City State Zip Code  
 Lexington KY 40517-4121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kentucky Sports Medicine  
Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381579

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas J Blumenfeld, MD

Mailing Address 1020 29th St Ste 450

City State Zip Code  
 Sacramento CA 95816-5173

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381580

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Patrick Reilly, MD

Mailing Address 60 Copperflag Ln

City

Staten Island

State

NY

Zip Code

10304-1158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381581

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Tobin, MD

Mailing Address 12 Lafayette Pl Ste A

City

Hilton Head Island

State

SC

Zip Code

29926-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381582

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward Adrian Connolly, MD

Mailing Address 520 Valley View Dr

City

Moline

State

IL

Zip Code

61265-6152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic & Rheumatology  
Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381585

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Matthew J Bueche, , MD

Mailing Address 1259 Rickert Dr Ste 101

City

Naperville

State

IL

Zip Code

60540-8904

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
M & M Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381588

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David G Lewallen, , MD

Mailing Address 200 1st St SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381589

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bruce T Faure, , MD

Mailing Address 6849 W Ridgeview Dr

City

Mequon

State

WI

Zip Code

53092-1008

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381893

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 211 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy H Izant, MD

Mailing Address 8227 Meadowview Ct

City

Manlius

State

NY

Zip Code

13104-9659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Syracuse Orthopedic Spec-  
ialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381894

Amount of Each Receipt this Period

548.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Cunningham Robinson, MD

Mailing Address 5719 Widewaters Pkwy

City

De Witt

State

NY

Zip Code

13214-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Syracuse Orthopedic Spec-  
ialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381895

Amount of Each Receipt this Period

548.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John P Buckley, MD

Mailing Address 305 Bryant Dr E

City

Tuscaloosa

State

AL

Zip Code

35401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381896

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2096.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Clinton Michael Ray, MD

Mailing Address 1419 Hamric Dr Ste 201

City

Oxford

State

AL

Zip Code

36203-2181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381898

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William L Oppenheim, MD

Mailing Address Luskin Children's Clinic  
1530 Arizona Ave

City

Santa Monica

State

CA

Zip Code

90404-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCLA Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381899

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Henry T Leis, MD

Mailing Address 1720A Medical Park Dr Ste 220

City

Biloxi

State

MS

Zip Code

39532-2127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bienville Orthopaedic Spe-  
cialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381900

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

John Kirk Drake, , MD

Mailing Address 3635 Bienville Blvd

City

Ocean Springs

State

MS

Zip Code

39564-5711

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Bienville Orthopaedic Spe-  
cialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381906

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Cory Alan Collinge, , MD

Mailing Address 800 5th Ave Ste 500

City

Fort Worth

State

TX

Zip Code

76104-7304

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Texas Health Resources

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381907

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Garrett J Lynch, , MD

Mailing Address 2003 Medical Pkwy Ste 400

City

Annapolis

State

MD

Zip Code

21401-3088

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Anne Arundel Orthopaedic  
Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381908

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael F Schafer, , MD

Mailing Address Dept of Ortho Surgery

676 N Saint Clair St Ste 1350

City

Chicago

State

IL

Zip Code

60611-4795

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northwestern Univ Medical  
School

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381909

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory J Austin, , MD

Mailing Address 725 Reservoir Ave Ste 101

City

Cranston

State

RI

Zip Code

02910-4450

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Orthopaedic Assoc Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381910

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Vijay John Mani, , MD

Mailing Address 240 E 47th St #21-D

City

New York

State

NY

Zip Code

10017-2136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Long Island College Hospi-  
tal

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381911

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Lee Granberry, , MD

Mailing Address 3610 Springhill Memorial Dr N

City

State

Zip Code

Mobile

AL

36608-1162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381917

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Peter T Hurley, , MD

Mailing Address 214 18th St SE

City

State

Zip Code

Hickory

NC

28602-1363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hickory Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381918

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gary Michael Sherman, , MD

Mailing Address 9705 Redamar Dr

City

State

Zip Code

Hagerstown

MD

21740-8943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robinwood Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381919

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas M McQuail, MD

Mailing Address 4125 Oberon Dr

City

Smyrna

State

GA

Zip Code

30080-5201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381923

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Neil B Callister, MD

Mailing Address 1802 Quail Run Dr

City

Ogden

State

UT

Zip Code

84403-3266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intermountain Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381924

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas W Currey, MD

Mailing Address 975 E 3rd St  
Hospital Box 260

City

Chattanooga

State

TN

Zip Code

37403-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Tennessee

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381926

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Hans C Kioschos, MD

Mailing Address Powder River Ortho  
508 Stocktrail Ste ACity State Zip Code  
Gillette WY 82716-3582FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Powder River Orthopaedic  
SurgeonsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381928

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John F Irving, MD

Mailing Address 199 Whitney Ave

City State Zip Code  
New Haven CT 06511-3786FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381929

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Emile C Li, MD

Mailing Address 1988 Luke Ln

City State Zip Code  
Fort Dodge IA 50501-8730FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381930

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lorence W Trick, , MD

Mailing Address 7703 Floyd Curl Dr MC 7774  
Dept of OrthopaedicsCity State Zip Code  
San Antonio TX 78229-3901FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UTHSCSAOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381931

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kent Jason Lowry, , MD

Mailing Address 444 E Timber Dr

City State Zip Code  
Rhineland WI 54501-2852FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Northland Orthopaedic Ass-  
ociatesOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	0

Transaction ID: 31381934

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gerald W Rothacker, Jr, MD

Mailing Address 170 North Pointe Blvd

City State Zip Code  
Lancaster PA 17601-4132FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Orthopedic Associates of  
Lancaster, LtOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381960

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Peter J Mandell, , MD

Mailing Address 1663 Rollins Rd

City

Burlingame

State

CA

Zip Code

94010-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381962

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph D Zuckerman, , MD

Mailing Address 301 E 17th St Ste 1402

City

New York

State

NY

Zip Code

10003-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYU-Hospital for Joint Di-  
seases

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381963

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Warren R Bourgeois, III, MD

Mailing Address 10025 Hyde PI

City

River Ridge

State

LA

Zip Code

70123-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Audubon Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381965

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Edward R McDevitt, MD

Mailing Address 1300 Ritchie Hwy Ste A

City

Arnold

State

MD

Zip Code

21012-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bay Area Orthopaedics &  
Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 31381966

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stuart L Weinstein, MD

Mailing Address 200 Hawkins Dr Ste 1181RC

City

Iowa City

State

IA

Zip Code

52242-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Iowa Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 31381967

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Gunnar Quisling, MD

Mailing Address 758 Old Norcross Rd Ste 100

City

Lawrenceville

State

GA

Zip Code

30046-3386

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 31381968

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Angelo DiFelice, Jr, MD

Mailing Address 1285 Hembree Rd Ste 200A

City	State	Zip Code
Roswell	GA	30076-4995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens OrthopaedicsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381969

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Morgan, , MD

Mailing Address 2282 Ava PI

City	State	Zip Code
Decatur	GA	30033-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens OrthopaedicsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381970

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Albert, , MD

Mailing Address 1285 Hembree Rd Ste 200A

City	State	Zip Code
Roswell	GA	30076-4995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens OrthopaedicsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381971

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Irfan Ansari, MD

Mailing Address 2765 Manor Bridge Dr

City

Alpharetta

State

GA

Zip Code

30004-2850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381972

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. C Perry Cooke, III, MD

Mailing Address 6797 Knollwood Rd

City

Fayetteville

State

NY

Zip Code

13066-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Syracuse Orthopaedic Spec-  
ialists, PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1098.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381973

Amount of Each Receipt this Period

548.00

**C.**

Full Name (Last, First, Middle Initial)

Karen L Hackett, FACHE, C

Mailing Address AAOS  
6300 N. River Rd

City

Rosemont

State

IL

Zip Code

60606-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Academy of Ortho-  
paedic Surgeon

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381998

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1298.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert C Meisterling, , MD

Mailing Address 1991 Northwestern Ave S

City

Stillwater

State

MN

Zip Code

55082-7536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31381999

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard J Barry, , MD

Mailing Address 2031 Anderson Rd Ste A

City

Davis

State

CA

Zip Code

95616-0621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31382000

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel J Berry, , MD

Mailing Address 200 First St SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31382001

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Frederick M Azar, MD

Mailing Address 1211 Union Ave Ste 510

City

Memphis

State

TN

Zip Code

38104-6656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Campbell Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 31382002

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles D Hummer, III, MD

Mailing Address 1 Med Ctr Blvd Ste 324

City

Chester

State

PA

Zip Code

19013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 31382003

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Glenn J Jonas, MD

Mailing Address 270 Chastain Rd

City

Kennesaw

State

GA

Zip Code

30144-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 31382004

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Theodore W Parsons, III, MD

Mailing Address 2799 W Grand Blvd  
CFP-6

City	State	Zip Code
Detroit	MI	48202-2608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry Ford Health SystemOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31382006

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Douglas W Lundy, MD

Mailing Address 61 Whitcher #1100

City	State	Zip Code
Marietta	GA	30060-1177

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens OrthopaedicsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31382007

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Todd R Parry, MD

Mailing Address Ste 150  
1490 E Foremaster Dr

City	State	Zip Code
Saint George	UT	84790-4495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	0

Transaction ID: 31382011

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. James H Carson, , MD

Mailing Address 170 North Pointe Blvd

City

Lancaster

State

PA

Zip Code

17601-4132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopedic Associates of  
Lancaster, Lt

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 31382012

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Mark Smith, , MD

Mailing Address 7910 Frost St Ste 200

City

San Diego

State

CA

Zip Code

92123-2776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Trauma & Frac-  
ture Speciali

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 1 0

Transaction ID: 31382013

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Russell S VanderWilde, , MD

Mailing Address 601 W 5th Ave Ste 400

City

Spokane

State

WA

Zip Code

99204-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414731

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patrick A Smith, , MD

Mailing Address 1 S Keene St

City

Columbia

State

MO

Zip Code

65201-7199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414733

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel E Gelb, , MD

Mailing Address 22 S Greene St  
S11B

City

Baltimore

State

MD

Zip Code

21201-1544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Maryland

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414735

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Jay Harms, , MD

Mailing Address 610 N Lincoln Ave

City

Urbana

State

IL

Zip Code

61801-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414736

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel C Wnorowski, MD

Mailing Address 4309 Hepatica Hill Rd

City

Manlius

State

NY

Zip Code

13104-8714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Transaction ID: 31414737

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jack R Steel, MD

Mailing Address 2828 1st Ave Ste 400

City

Huntington

State

WV

Zip Code

25702-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Transaction ID: 31414738

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Braxton Morgan, MD

Mailing Address 1105 N Central Expy Ste 120

City

Allen

State

TX

Zip Code

75013-6101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates of  
North Texas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Transaction ID: 31414740

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sheila Marie Algan, MD

Mailing Address Dept Ortho Surg Ste WP-1380  
920 Stanton L Young BlvdCity State Zip Code  
Oklahoma City OK 73104-5033FEC ID number of contributing  
federal political committee.**C**Name of Employer  
OUHSCOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414741

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen Jay Rockower, MD

Mailing Address 6000 Executive Blvd Ste 510

City State Zip Code  
Rockville MD 20852-3830FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Capitol Ortho & RehabOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414743

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brent Allen, MD

Mailing Address 4760 W Sunset Blvd

City State Zip Code  
Los Angeles CA 90027-6063FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SCPMGOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414744

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Chris John Dangles, MD

Mailing Address 1802 S Mattis Ave

City

Champaign

State

IL

Zip Code

61821-5923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carle Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414745

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Raymond J Stefanich, MD

Mailing Address 2410 Ridgeway Ave

City

Rochester

State

NY

Zip Code

14626-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414746

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patrick E Clare, MD

Mailing Address 575 S 70th St Ste 200

City

Lincoln

State

NE

Zip Code

68510-2471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Orthopaedic & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414747

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert N Walker, , MD

Mailing Address 1873 E Parkhurst Ct

City  
EagleState  
IDZip Code  
83616-6803FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Orthopedic Centers of Ida-  
hoOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414748

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Victor Goldberg, , MD

Mailing Address 11100 Euclid Ave

City  
ClevelandState  
OHZip Code  
44106-1716FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414749

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rebecca S Yu, , MD

Mailing Address 3000 Colby St Ste 301

City  
BerkeleyState  
CAZip Code  
94705-2058FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414750

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Constantine A Toumbis, MD

Mailing Address 950 N Avalon Way

City

Lecanto

State

FL

Zip Code

34461-6004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414755

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Hugh Carroll McLeod, III, MD

Mailing Address 1163 Johnson Ferry Rd Ste 200

City

Marietta

State

GA

Zip Code

30068-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlanta Orthopaedic Speci-  
alists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414757

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey D Yoder, MD

Mailing Address Medical Office Bldg 200  
1907 W Sycamore St

City

Kokomo

State

IN

Zip Code

46901-5148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414761

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Prasad V Gourineni, MD

Mailing Address 3420 Adams Rd

City

Oak Brook

State

IL

Zip Code

60523-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414762

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Charles Nordt, III, MD

Mailing Address 4720 Lejeune Rd

City

Coral Gables

State

FL

Zip Code

33146-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spine Center of Miami

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414764

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Evan Radomisli, MD

Mailing Address 130 East 77th St 12th Fl

City

New York

State

NY

Zip Code

10075-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414765

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul David Peterson, , MD

Mailing Address 2950 S Elm Pl Ste 460

City

Broken Arrow

State

OK

Zip Code

74012-7863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tulsa Bone & Joint Associ-  
ates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414766

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Luis H Urrea, II, MD

Mailing Address 5009 Vista Del Monte

City

El Paso

State

TX

Zip Code

79922-2034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414767

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Randolph Bell, , MD

Mailing Address El Paso Ortho  
1755 Curie Ste B

City

El Paso

State

TX

Zip Code

79902-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414768

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John S Jackson, , DO

Mailing Address 4843 Olmos St

City

El Paso

State

TX

Zip Code

79922-1751

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414769

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Mansfield, , MD

Mailing Address 5550 Cory Dr

City

El Paso

State

TX

Zip Code

79932-3010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414770

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Barry L Cromer, , MD

Mailing Address 1755 Curie Drive

City

El Paso

State

TX

Zip Code

79902-2919

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414771

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Marcus Dickason, MD

Mailing Address El Paso Ortho  
1755 Curie Ste B

City State Zip Code  
El Paso TX 79902-2920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414772

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Johan J Penninck, MD

Mailing Address 1755 Curie Dr Ste B

City State Zip Code  
El Paso TX 79902-2920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414773

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael L DiDonna, MD

Mailing Address 750 Via Mirada

City State Zip Code  
El Paso TX 79922-2152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414774

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric Everett Sides, , MD

Mailing Address 1720 Murchison

City

El Paso

State

TX

Zip Code

79902-2921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414775

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Craig Dunwody Cameron, , DO

Mailing Address 6500 La Posta Dr

City

El Paso

State

TX

Zip Code

79912-7333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414776

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew J Palafox, , MD

Mailing Address 331 Crown Point Dr

City

El Paso

State

TX

Zip Code

79912-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
El Paso Orthopaedic Surge-  
ry Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414777

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Douglas R Phillips, , MD

Mailing Address 811 13th St Ste 20

City

Augusta

State

GA

Zip Code

30901-2771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414779

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey C Dick, , MD

Mailing Address 7373 France Ave S Ste 312

City

Edina

State

MN

Zip Code

55435-4549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Twin Cities Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414782

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ronald Emilio Delanois, , MD

Mailing Address Sinai Medical Off Bldg 5th Fl  
2401 West Belvedere Ave

City

Baltimore

State

MD

Zip Code

21215-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414784

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. William G Mackenzie, , MD

Mailing Address 1600 Rockland Rd

City

Wilmington

State

DE

Zip Code

19803-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Nemours Foundation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414785

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. George Ray Williams, , MD

Mailing Address 1233 Wayne Gilmore Circle  
Ste 250-A

City

Opelousas

State

LA

Zip Code

70570-6405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414786

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael A Mont, , MD

Mailing Address Rubin Institute for Advanced Ortho  
2401 West Belvedere Ave 5th FL

City

Baltimore

State

MD

Zip Code

21215-5216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414787

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Donald A Deinlein, , MD

Mailing Address Faculty Tower 901  
510 20th Street South

City Birmingham State AL Zip Code 35294-0001

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ of Alabama Health Fo-  
undationOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Transaction ID: 31414789

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Kevin Lynch, , MD

Mailing Address 1 Church St 4th Fl

City New Haven State CT Zip Code 06510-3330

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Transaction ID: 31414790

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles H Classen, Jr, MD

Mailing Address 2104 N Heritage St

City Kinston State NC Zip Code 28501-2222

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Transaction ID: 31414791

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Perry Lauren Savage, Jr, MD

Mailing Address 52 Medical Park E Dr Ste 115

City

Birmingham

State

AL

Zip Code

35235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AOSSMA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31414793

Amount of Each Receipt this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

Rudolph A Buckley, , MD

Mailing Address 1605 Sherman Dr

City

Utica

State

NY

Zip Code

13501-5507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamilton Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31414794

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Vladimir A Alexander, , MD

Mailing Address 12416 66th St

City

Largo

State

FL

Zip Code

33773-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2010

Transaction ID: 31414795

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David S Feldman, MD

Mailing Address 8th Fl

67 Irving Pl No - 8th Fl

City

New York

State

NY

Zip Code

10003-2253

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414796

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Pierce Connair, MD

Mailing Address 12 Village St Ste 8

City

North Haven

State

CT

Zip Code

06473-3828

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414797

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Benjamin Shaffer, MD

Mailing Address 4522 Lingan Way NW

City

Washington

State

DC

Zip Code

20007-2549

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Washington Orthopaedics  
& Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414799

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. William H Spellman, MD

Mailing Address Central Montgomery Ortho  
1011 S Broad St

City State Zip Code  
Lansdale PA 19446-5338

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414800

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David G Schwartz, MD

Mailing Address 8450 Northwest Blvd

City State Zip Code  
Indianapolis IN 46278-1381

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ortholndy

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414801

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Hayden Boothby, MD

Mailing Address 119 Hidden Lake Ranch Rd

City State Zip Code  
Aledo TX 76008-4526

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414802

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Tomasz W Borowiecki, MD

Mailing Address 49 Linden Ln

City

Springfield

State

IL

Zip Code

62712-8965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Springfield Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414804

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James K McKechnie, MD

Mailing Address 103 Professional Plz

City

Mattoon

State

IL

Zip Code

61938-9252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414805

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William J Holt, MD

Mailing Address Quincy Medical Group  
1025 Maine St

City

Quincy

State

IL

Zip Code

62301-4038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quincy Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414806

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Daniel R Orcutt, MD

Mailing Address 2008 Ballymeade Ln

City

Hampton

State

GA

Zip Code

30228-3654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Orthopaedics

Occupation

Self Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414808

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Erika Jasmin Mitchell, MD

Mailing Address MCE, South Tower Ste 4200

City

Nashville

State

TN

Zip Code

37232-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vanderbilt Univ Medical  
Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414809

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John A Bojescul, MD

Mailing Address 2108 Wythe Dr

City

Evans

State

GA

Zip Code

30809-5476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Army

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414811

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Patrice Beliveau, MD

Mailing Address 160 London Mountain View Dr

City

London

State

KY

Zip Code

40741-6601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cumberland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414812

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Glenn Hessing, MD

Mailing Address 8854 W Emerald St Ste 140

City

Boise

State

ID

Zip Code

83704-4845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414813

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John T Braun, MD

Mailing Address 140 Soaring Hawk Ln

City

Charlotte

State

VT

Zip Code

05445-8800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Vermont

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414814

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Norman L Cheung, , MD

Mailing Address 895 Yakima Dr

City

Fremont

State

CA

Zip Code

94539-7208

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414815

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph Fromm Hollinger, , MD

Mailing Address 700 Lomas Blvd NE  
1 Woodward Center

City

Albuquerque

State

NM

Zip Code

87102-2568

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414816

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert L Shackleton, , MD

Mailing Address 4633 Wichers Dr

City

Marrero

State

LA

Zip Code

70072-3002

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414817

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael A Thorpe, , MD

Mailing Address 2979 Squalicum Pkwy Ste 203

City

Bellingham

State

WA

Zip Code

98225-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Rim Orthopaedic  
Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414819

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward J Hellman, , MD

Mailing Address Orthopaedics Indianapolis  
8450 Northwest Blvd

City

Indianapolis

State

IN

Zip Code

46278-1381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Indy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414821

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Laurence Slutzker, , MD

Mailing Address 4201 Torrance Blvd Ste 470

City

Torrance

State

CA

Zip Code

90503-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414822

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher C Schmidt, MD

Mailing Address 1307 Federal St

City

Pittsburgh

State

PA

Zip Code

15212-4773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alleghany Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414823

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard P Lewallen, MD

Mailing Address 2900 12th Ave N Ste 100E

City

Billings

State

MT

Zip Code

59101-7504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Montana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414825

Amount of Each Receipt this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John M Diveris, MD

Mailing Address 333 W 89th Ave Ste W-1

City

Merrillville

State

IN

Zip Code

46410-7050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414826

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Steve A Petersen, , MD

Mailing Address 10753 Falls Rd Ste 305

City

Lutherville

State

MD

Zip Code

21093-4598

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Johns Hopkins Medical Cen-  
ter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414827

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gary Ferguson, , MD

Mailing Address 46 Nayatt Rd

City

Barrington

State

RI

Zip Code

02806-3326

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414829

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey A Bogosian, , MD

Mailing Address 5230 Pacific Concourse Dr. #110

City

Los Angeles

State

CA

Zip Code

90045-6258

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Pacific Orthopaedic Insti-  
tute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: 31414832

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brent E Adamson, , MD

Mailing Address PO Box 2168

City

Kearney

State

NE

Zip Code

68848-2168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Transaction ID: 31414833

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Scott Snow Cooper, , MD

Mailing Address 1101 Horsebarn Rd

City

Rogers

State

AR

Zip Code

72758-8237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ozark Ortho & Sports Med  
Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Transaction ID: 31414834

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James M Donley, , MD

Mailing Address 5002 Lago Dr

City

Madisonville

State

KY

Zip Code

42431-9435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for Orthopaedic Se-  
rvices

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

Transaction ID: 31414835

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Roger W Timperlake, , MD

Mailing Address 2001 Ocean Dr

City

Corpus Christi

State

TX

Zip Code

78404-1868

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414836

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Monica Kogan, , MD

Mailing Address 2533 Laurel Ln

City

Wilmette

State

IL

Zip Code

60091-2229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midwest Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414837

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott L Sledge, , MD

Mailing Address 155 E Sonterra Blvd Ste 211

City

San Antonio

State

TX

Zip Code

78258-3989

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414838

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kevin G Shea, MD

Mailing Address 600 N Robbins Rd Ste 401

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414839

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregg A Ferrero, MD

Mailing Address 7826 Legend Ct

City

La Plata

State

MD

Zip Code

20646-5668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414840

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Riyaz H Jinnah, MD

Mailing Address Dept of Orthopaedic Surgery  
4 Wat Hall Med Ctr Blvd

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Forest Univ Medical  
School

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414841

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Saidi G Osman, , MD

Mailing Address PO Box 57

City

Russellville

State

AL

Zip Code

35653-0057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Russellville Musculoskeletal

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414842

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey John Kovacic, , MD

Mailing Address 7420 Craighleith Dr

City

Duluth

State

GA

Zip Code

30097-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 0

Transaction ID: 31414844

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory M Hrasky, , MD

Mailing Address PO Box 2767

City

Scottsdale

State

AZ

Zip Code

85252-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414851

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. William H Warden, III, MD

Mailing Address 2760 Atlantic Ave

City

Long Beach

State

CA

Zip Code

90806-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Orthopaedic Surg-  
ical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: 31414852

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ravi S Bains, MD

Mailing Address 24 Hilldale Ct

City

Orinda

State

CA

Zip Code

94563-3927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: 31414853

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen E Blythe, MD

Mailing Address 1403 N Green Way Dr

City

Coral Gables

State

FL

Zip Code

33134-4774

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: 31414854

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sidney N Martin, MD

Mailing Address 7041 Linden Rd

City

Fenton

State

MI

Zip Code

48430-9324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414855

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark E Carlson, MD

Mailing Address 1848 Daimler Rd

City

Rockford

State

IL

Zip Code

61112-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414856

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas A Dennis, MD

Mailing Address 2535 S Downing St Ste 100

City

Denver

State

CO

Zip Code

80210-5848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Porter Adventist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414857

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dennis M Brown, , MD

Mailing Address 1774 Kylemore Ct

City

Dayton

State

OH

Zip Code

45459-1465

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montgomery Orthopedic Sur-  
geons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414858

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Scott A Smith, , MD

Mailing Address 4700 Seton Center Pkwy  
St 200

City

Austin

State

TX

Zip Code

78759-5295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Orthopaedic Sports &  
Rehab

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414859

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth A Egol, , MD

Mailing Address 301 E 17th St Ste 1402

City

New York

State

NY

Zip Code

10003-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel C Farber, , MD

Mailing Address 2200 Kernan Dr

City

Baltimore

State

MD

Zip Code

21207-6665

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Maryland School  
of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414861

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Hal Silcox, III, MD

Mailing Address 2001 Peachtree Rd

City

Atlanta

State

GA

Zip Code

30309-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peachtree Ortho Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414862

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stephen W Ripple, , MD

Mailing Address 5605 W Eugie Ste 111  
Steve

City

Glendale

State

AZ

Zip Code

85304-1273

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phoenix Orthopedic Consul-  
tants PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414863

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Preston M Wolin, , MD

Mailing Address Center for Athletic Medicine  
830 W Diversey Pkwy Ste 300

City State Zip Code  
Chicago IL 60614-1454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414864

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David E Attarian, , MD

Mailing Address Duke Health Ctr Ortho  
3116 N Duke St

City State Zip Code  
Durham NC 27704-2102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Duke University

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414866

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Wesley Hanna, , MD

Mailing Address 3951 Wieuca Rd

City State Zip Code  
Atlanta GA 30342-4328

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Resurgens Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414867

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Raj D Rao, MD

Mailing Address Medical College of Wisconsin  
9200 W Wisconsin AveCity State Zip Code  
Milwaukee WI 53226-3522FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medical College of WisconsinOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414868

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen L Malone, MD

Mailing Address 260 Beiser Blvd Ste 101

City State Zip Code  
Dover DE 19904-7790FEC ID number of contributing  
federal political committee.**C**Name of Employer  
The Orthopaedic Spine CenterOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414869

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jose A Rodriguez, MD

Mailing Address 130 E 77th St 11th Fl

City State Zip Code  
New York NY 10075-1851FEC ID number of contributing  
federal political committee.**C**Name of Employer  
New York Orthopaedic SpecialistsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414870

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen M McCollam, MD

Mailing Address 2001 Peachtree Rd NE Ste 705

City	State	Zip Code
Atlanta	GA	30309-1476

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Peachtree Orthopaedic Cli-  
nicOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: 31414871

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Shay Womack, MD

Mailing Address 440 Oakmont Circle

City	State	Zip Code
Marietta	GA	30067-4820

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Resurgens OrthopaedicsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: 31414873

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew R Bishop, MD

Mailing Address 6488 Old Goose Creek Rd

City	State	Zip Code
Middleburg	VA	20117-5327

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: 31414874

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul Victor Spiegl, MD

Mailing Address Ste 825

5673 Peachtree Dunwoody Rd NE

City

Atlanta

State

GA

Zip Code

30342-1771

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414875

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert J Cirincione, MD

Mailing Address Midatlantic Ortho Specialists

1120 A Professional Ct

City

Hagerstown

State

MD

Zip Code

21740-5848

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Midatlantic Orthopaedic  
Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414876

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark C Remington, MD

Mailing Address 4011 Talbot Rd South Ste 300

City

Renton

State

WA

Zip Code

98055-5791

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Valley Orthopaedic Associ-  
ates

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	0

Transaction ID: 31414877

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. A Lee Hunter, Jr, MD

Mailing Address 1050 N Jms Campbell Blvd #200

City

Columbia

State

TN

Zip Code

38401-2754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414878

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Tarsem Garg, , MD

Mailing Address 1929 E High St

City

Springfield

State

OH

Zip Code

45505-1227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414879

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. T Clark Robinson, , MD

Mailing Address PO Box 1942

City

Nampa

State

ID

Zip Code

83653-1942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saltzer Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414881

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Adolph V Lombardi, Jr, MD

Mailing Address 7277 Smith's Mill Rd Ste 200

City

New Albany

State

OH

Zip Code

43054-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joint Implant Surgeons,  
Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414882

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Van W Johnson, , MD

Mailing Address 103 W Saint Clair St

City

Warren

State

PA

Zip Code

16365-2197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414883

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Peter Tomasello, , DO

Mailing Address 1724 E Hallandale Beach Blvd

City

Hallandale Beach

State

FL

Zip Code

33009-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: 31414884

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jefferey E Michaelson, , MD

Mailing Address 26750 Providence Pkwy Ste 200

City	State	Zip Code
Novi	MI	48374-1212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Porretta Center for Ortho  
SurgeryOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: 31414885

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lorenzo Pacelli, , MD

Mailing Address 10666 N Torrey Pines Rd

City	State	Zip Code
La Jolla	CA	92037-1027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scripps ClinicOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	0

Transaction ID: 31414886

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory G Orson, , MD

Mailing Address 2049 Rose Creek Blvd

City	State	Zip Code
Fargo	ND	58104-6878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meritcare Medical GroupOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Transaction ID: 31468313

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark P Madden, MD

Mailing Address Commonwealth Orthopaedics  
1850 Town Center Pkwy Ste 400

City State Zip Code  
Reston VA 20190-3219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Commonwealth Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31468314

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Marc J Michaud, MD

Mailing Address 11 Cherry Ln

City State Zip Code  
Bedford NH 03110-4339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NH Orthopaedic Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31468315

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gary W Misamore, MD

Mailing Address 201 Pennsylvania Pkwy Ste 235

City State Zip Code  
Indianapolis IN 46280-1390

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Methodist Sports Medicine  
Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31468318

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Clark P Searle, , MD

Mailing Address N5390 Rancho Viejo Rd

City

Fond Du Lac

State

WI

Zip Code

54937-9373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fond Du Lac Regional Clin-  
ic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Transaction ID: 31468319

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Denny Carter, , MD

Mailing Address 102 Cumberland Island Circle

City

Brunswick

State

GA

Zip Code

31520-4427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Georgia Health  
System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Transaction ID: 31468322

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert M O'Hollaren, , MD

Mailing Address 3525 Loma Vista Rd

City

Ventura

State

CA

Zip Code

93003-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ventura Ortho & Sports Me-  
dical Group.

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Transaction ID: 31468324

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 268 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. J Randy Gipple, MD

Mailing Address 2195 N Hill Rd

City

Muscataine

State

IA

Zip Code

52761-9399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unity Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31468325

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven J Bruce, MD

Mailing Address 3015 Squalicum Pkwy Ste 200

City

Bellingham

State

WA

Zip Code

98225-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31468326

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Leon P Mead, MD

Mailing Address 730 Goodlette Rd North #201

City

Naples

State

FL

Zip Code

34102-5618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31468329

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stuart D Katchis, MD

Mailing Address 130 E 77th St  
12th Fl Black Hall

City State Zip Code  
New York NY 10075-1851

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31468331

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dennis M Sullivan, MD

Mailing Address Attn: Berni Kowalski  
1218 W Kilbourn Ave Ste 301

City State Zip Code  
Milwaukee WI 53233-1325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Milwaukee Orthopaedic Gro-  
up

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31468332

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark W Hollmann, MD

Mailing Address 740 W Plymouth Ave

City State Zip Code  
Deland FL 32720-3282

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Orthopaedic Assoc-  
iates

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 31468333

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ian John Reynolds, MD

Mailing Address 450 Med Ctr Blvd Ste 206

City

Webster

State

TX

Zip Code

77598-4229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496617

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Lee Hemmer, Jr, MD

Mailing Address 1240 Jesse Jewell Pkwy SE Ste 300

City

Gainesville

State

GA

Zip Code

30501-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Specialty Clinics Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496618

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey K Evans, MD

Mailing Address 7001 Rogers Ave Ste 601

City

Fort Smith

State

AR

Zip Code

72903-4073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cooper Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496619

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric Wall, , MD

Mailing Address 3333 Burnet Ave MLC# 2017

City

Cincinnati

State

OH

Zip Code

45229-3026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cincinnati Children's Hos-  
pital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496620

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christian T Andersen, , MD

Mailing Address 92 Montvale Ave Ste 1400

City

Stoneham

State

MA

Zip Code

02180-3601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Surgery Insti-  
tute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496621

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Allen A Deutsch, , MD

Mailing Address 4516 Oleander St

City

Bellaire

State

TX

Zip Code

77401-5119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kelsey Seybold Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496622

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph A Suarez, , MD

Mailing Address 3311 Hylan Blvd

City

Staten Island

State

NY

Zip Code

10306-3688

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Health Care Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496623

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David John Gandy, , MD

Mailing Address 971 Lakeland Dr Ste 950

City

Jackson

State

MS

Zip Code

39216-4608

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Jackson Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496625

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mukund R Patel, , MD

Mailing Address 4901 Fort Hamilton Pkwy

City

Brooklyn

State

NY

Zip Code

11219-3345

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496626

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ken Yamaguchi, MD

Mailing Address Dept of Ortho Surgery  
West Pavilion Ste 11300

City State Zip Code  
Saint Louis MO 63110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Washington University School of Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496627

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Paul Sanders, MD

Mailing Address 107 Settlers Dr

City State Zip Code  
Naperville IL 60565-5438

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DuPage Medical Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496628

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert A Wainer, MD

Mailing Address 1130 N Church St Ste 100

City State Zip Code  
Greensboro NC 27401-1041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southeastern Orthopaedic Specialists

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496629

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Cunningham Brothers, , MD

Mailing Address 621 Woodleigh Dr

City

Nashville

State

TN

Zip Code

37215-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496630

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David W Polly, Jr, MD

Mailing Address 2450 Riverside Ave South, R200

City

Minneapolis

State

MN

Zip Code

55454-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496631

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth N Adatto, , MD

Mailing Address Orleans Ortho Associates  
3715 Prytania St Ste 501

City

New Orleans

State

LA

Zip Code

70115-3750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orleans Orthopaedic Assoc-  
iates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496632

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Walter R Shelton, MD

Mailing Address 1325 E Fortification St

City

Jackson

State

MS

Zip Code

39202-2442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mississippi Sports & Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496633

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark A Snyder, MD

Mailing Address 4701 Creek Rd Ste 110

City

Cincinnati

State

OH

Zip Code

45242-8398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellington Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496635

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John H Fairbanks, Jr, MD

Mailing Address 107 Front St Ste 230

City

Vidalia

State

LA

Zip Code

71373-2836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496636

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Harry Schmaltz, MD

Mailing Address 334 Main St Ste 1

City

Dickson City

State

PA

Zip Code

18519-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scranton Orthopaedic Spec-  
ialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496637

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Louis Morrow, Jr, MD

Mailing Address 317 Woodbluff Dr

City

Lafayette

State

LA

Zip Code

70503-4449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496638

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ahamed Mohaideen, MD

Mailing Address PO Box 32367

City

Palm Beach Gardens

State

FL

Zip Code

33420-2367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496639

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Russell E Windsor, MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496640

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Warren G Kramer, III, MD

Mailing Address 1401 Avocado Ave Ste 307

City

Newport Beach

State

CA

Zip Code

92660-8732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496643

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Larry Michael Carroll, MD

Mailing Address 500 Campus Dr

City

Hancock

State

MI

Zip Code

49930-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portage Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496644

Amount of Each Receipt this Period

535.00

**SUBTOTAL** of Receipts This Page (optional) .....

2035.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christian P Christensen, MD

Mailing Address 700 Bob-O-Link Dr

City

Lexington

State

KY

Zip Code

40504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lexington Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496645

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James R Rappaport, MD

Mailing Address 6630 S McCarran  
Bldg 4 Ste A

City

Reno

State

NV

Zip Code

89509-6145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Regional Spine Ins-  
titute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496646

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Phillip Dahl, MD

Mailing Address 310 N 9th St  
PO Box 1397

City

Bismarck

State

ND

Zip Code

58501-4515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bone & Joint Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496647

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lawrence V Page, DO

Mailing Address 121 Cahill Rd Ste 206

City

Branson

State

MO

Zip Code

65616-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skaggs Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496648

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David L Waxman, MD

Mailing Address 600 Davisson Run Rd Ste 102

City

Clarksburg

State

WV

Zip Code

26301-9307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496649

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carlos J Fraga, MD

Mailing Address B1 Calle Santa Cruz St Ste 507

City

Bayamon

State

PR

Zip Code

00961-6946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Pablo Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496651

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kurtis Kowalski, MD

Mailing Address 221 Chip N Dale Dr

City

Clarksville

State

TN

Zip Code

37043-4560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496652

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel Paul Mass, MD

Mailing Address 5841 S Maryland  
MC3079

City

Chicago

State

IL

Zip Code

60637-1447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Chicago

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496653

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Terry David Amaral, MD

Mailing Address 3400 Bainbridge Ave 6th Fl

City

Bronx

State

NY

Zip Code

10467-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montefiore Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31496654

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas R Lyon, , MD

Mailing Address 150 55th St Rm 4823

City

Brooklyn

State

NY

Zip Code

11220-2559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lutheran Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496656

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joffrey G Thompson, , MD

Mailing Address 702 Reeves Dr

City

Grand Forks

State

ND

Zip Code

58201-4920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496657

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Wayne Anthony Johnson, , MD

Mailing Address 904 SW 38th St

City

Lawton

State

OK

Zip Code

73505-7021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496658

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jose Antonio Ortiz, Jr, MD

Mailing Address 1400 Bellinger St

City

Eau Claire

State

WI

Zip Code

54703-5222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Luther Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496659

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John N Hall, , MD

Mailing Address Atlantic Coast Ortho Specialists  
414 Albemarle Sq

City

Charlottesville

State

VA

Zip Code

22901-7400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31496660

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Wade P McAlister, , MD

Mailing Address 4899 Montrose Blvd #1206

City

Houston

State

TX

Zip Code

77006-6168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31501556

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard M Dix, MD

Mailing Address PO Box 50129

City

Henderson

State

NV

Zip Code

89016-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31501559

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James B Manning, MD

Mailing Address 2680 Crimson Canyon Dr

City

Las Vegas

State

NV

Zip Code

89128-0841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bone & Joint Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31501560

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Arnold Abraham Yashar, MD

Mailing Address 5531 Taft Ave

City

La Jolla

State

CA

Zip Code

92037-7643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern California Perma-  
nente Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31501562

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert H Sandmeier, , MD

Mailing Address 2038 NW 127th Pl

City

Portland

State

OR

Zip Code

97229-8552

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Portland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31501564

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Torin J Cunningham, , MD

Mailing Address 488 E Ocean Blvd #316

City

Long Beach

State

CA

Zip Code

90802-4765

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pediatric Ortho Specialty  
Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31501566

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brian E Kozar, , MD

Mailing Address PO Box 975

City

Zachary

State

LA

Zip Code

70791-0975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Zachary Orthopaedic Care  
Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 0

Transaction ID: 31501568

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Herbert J Louis, , MD

Mailing Address 5070 N 40th St Ste 130

City

Phoenix

State

AZ

Zip Code

85018-2193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501569

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Paul Chapman, , MD

Mailing Address 1500 Associates Dr

City

Dubuque

State

IA

Zip Code

52002-2201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Associates of Dub-  
uque

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501570

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. D Lancy Allyn, , MD

Mailing Address 470 Greenfield Ave Ste 35

City

Hanford

State

CA

Zip Code

93230-3578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Certified Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501573

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jon Michael Ellis, MD

Mailing Address 15020 Sendero Ln

City

Woodway

State

TX

Zip Code

76712-7570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Sports Med & Or-  
tho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501574

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Eric C Hanson, MD

Mailing Address 1630 E Herndon Ave Ste 202

City

Fresno

State

CA

Zip Code

93720-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sierra Pacific Ortho & Sp-  
ine Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501576

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jon T Abbott, MD

Mailing Address 7925 N Oracle Ste 121

City

Tucson

State

AZ

Zip Code

85704-6316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501578

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Matthew C Reckmeyer, MD

Mailing Address Lincoln Ortho Ctr  
PO Box 6939

City	State	Zip Code
Lincoln	NE	68506-0939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Orthopaedic CenterOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501579

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard J Patterson, MD

Mailing Address Bone and Joint Spec of Winchester  
190 Campus Blvd MOB 2 Ste 310

City	State	Zip Code
Winchester	VA	22601-2872

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bone & Joint Specialists  
of WinchesterOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501581

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Duane Anseth, MD

Mailing Address 3250 W 66th St Ste 100

City	State	Zip Code
Edina	MN	55435-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Twin Cities OrthopaedicsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501583

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lisa L Lattanza, MD

Mailing Address 176 Duncan St

City

San Francisco

State

CA

Zip Code

94110-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCSF

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501584

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Matthew J Kraay, MD

Mailing Address 11100 Euclid Ave

City

Cleveland

State

OH

Zip Code

44106-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Hospital Case  
Med Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

Transaction ID: 31501587

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher B Michelsen, MD

Mailing Address 5141 Broadway Rm 3-029

City

New York

State

NY

Zip Code

10034-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NY Orthopaedic Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31502506

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Norman H Higgins, , MD

Mailing Address 7544 Jacque Rd

City

Hudson

State

FL

Zip Code

34667-7162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Center for Bone & Joint Disease

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31502507

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ronald G Hood, , MD

Mailing Address 4802 S 109th East Ave

City

Tulsa

State

OK

Zip Code

74146-5822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tulsa Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31502509

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles M Davis, III, MD

Mailing Address 30 Hope Dr EC089

City

Hershey

State

PA

Zip Code

17033-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Milton S Hershey Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31502510

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ira Joel Singer, , MD

Mailing Address 725 Reservoir Ave Ste 101

City

Cranston

State

RI

Zip Code

02910-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortho Associates of RI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502511

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jerry L Cochran, , MD

Mailing Address 10 Desta Dr Ste 100-E

City

Midland

State

TX

Zip Code

79705-4513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Texas Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502513

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alberto D Cuellar, , MD

Mailing Address 17270 Red Oak Dr Ste 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KSF Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502514

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Paul E Perry, , MD

Mailing Address 225 Crosslake Dr

City

Evansville

State

IN

Zip Code

47715-8198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-State Orthopaedic Sur-  
geons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502515

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Allen Geline, , MD

Mailing Address 1225 Central Rd

City

Glenview

State

IL

Zip Code

60025-4349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502516

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Oheneba Boachie-Adjei, , MD

Mailing Address 535 E 70th St

City

New York

State

NY

Zip Code

10021-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital for Special Surg-  
ery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502517

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert E Miegel, , MD

Mailing Address 97 Payson Rd

City

Chestnut Hill

State

MA

Zip Code

02467-3271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Sports Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502797

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Roux, , MD

Mailing Address 1211 N 16th Ave

City

Yakima

State

WA

Zip Code

98902-1347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedics NW

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502798

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas C Kennedy, , MD

Mailing Address 1106 Pecks Canyon

City

Yakima

State

WA

Zip Code

98908-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedics Northwest

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502799

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 293 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bruce D Browner, MD

Mailing Address Dept of Ortho Surg MARB 4th Fl  
263 Farmington Ave

City State Zip Code  
Farmington CT 06034-4037

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Connecticut Health  
Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: 31502800

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Juliet M DeCampos, MD

Mailing Address 9400 University Pkwy Ste 309

City State Zip Code  
Pensacola FL 32514-5485

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: 31502801

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David C Johnson, MD

Mailing Address 19455 Deerfield Ave Ste 312

City State Zip Code  
Lansdowne VA 20176-8102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
National Sports Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: 31502803

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard A Brown, MD

Mailing Address 9850 Genesee Ave Ste 210

City

La Jolla

State

CA

Zip Code

92037-1206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Torrey Pines Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502804

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Cesar M Roca, Jr, MD

Mailing Address 3610 Springhill Memorial Dr N

City

Mobile

State

AL

Zip Code

36608-1162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502805

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank Joseph Gerratana, MD

Mailing Address 1 Lake St Ste 101

City

New Britain

State

CT

Zip Code

06052-1395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grove Hill Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502807

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Leslie H Kim, MD

Mailing Address 901 Campus Dr Ste 111

City

State

Zip Code

Daly City

CA

94015-4930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Bay Orthopaedic Medi-  
cal Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502808

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. George Walter Balfour, MD

Mailing Address 14624 Sherman Way #303

City

State

Zip Code

Van Nuys

CA

91405-2288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VOSA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502809

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Matthew E Mitchell, MD

Mailing Address 4140 Centennial Hills Blvd Ste A

City

State

Zip Code

Casper

WY

82609-3265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Casper Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502810

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Elizabeth Ann Szalay, MD

Mailing Address 1127 University Blvd NE

City

Albuquerque

State

NM

Zip Code

87102-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of New Mexico

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: 31502811

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Upshur M Spencer, MD

Mailing Address 3260 Providence Dr Ste 200

City

Anchorage

State

AK

Zip Code

99508-4603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: 31502812

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert S Wetmore, MD

Mailing Address 1579 Straits Tpke Ste E1

City

Middlebury

State

CT

Zip Code

06762-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: 31502814

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. M Scott Beall, Jr, MD

Mailing Address 6544 High Dr

City

Mission Hills

State

KS

Zip Code

66208-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502816

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Christopher Califf, MD

Mailing Address 1234 Huffman Mill Rd

City

Burlington

State

NC

Zip Code

27215-8700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502817

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph K Weistroffer, MD

Mailing Address 839 N Dearborn St Unit B

City

Chicago

State

IL

Zip Code

60610-3373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502818

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Mark Smith, MD

Mailing Address 7910 Frost St Ste 200

City

San Diego

State

CA

Zip Code

92123-2776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Trauma & Frac-  
ture Speciali

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502819

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Robert Starynski, MD

Mailing Address 8118 Northern Rd

City

Minocqua

State

WI

Zip Code

54548-9103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Langlade Memorial Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502820

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Claudette Malvina Lajam, MD

Mailing Address 240 E 39th St Apt 5B

City

New York

State

NY

Zip Code

10016-7201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hospital for Joint Diseas-  
es

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31502821

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bradford L Currier, , MD

Mailing Address 200 First St SW  
Dept of Ortho SurgCity State Zip Code  
Rochester MN 55905-0001FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Mayo ClinicOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31503012

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John B Weltmer, Jr, MD

Mailing Address 12152 Tesson Ferry Rd

City State Zip Code  
Saint Louis MO 63128-1726FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Tesson Heights Orthopaedi-  
csOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31503013

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Eager, , MD

Mailing Address 2488 N California St

City State Zip Code  
Stockton CA 95204-5508FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31503014

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher M Miller, , MD

Mailing Address 5059 S Greenbriar Ave

City

Springfield

State

MO

Zip Code

65804-7758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orthopaedic Specialists  
of Springfield

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503016

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William B Stetson, , MD

Mailing Address 191 S Buena Vista St Ste 470

City

Burbank

State

CA

Zip Code

91505-4541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503017

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph B Chalal, , MD

Mailing Address 7593 Boynton Beach Blvd Ste 280

City

Boynton Beach

State

FL

Zip Code

33437-6163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503018

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark J Ghilarducci, MD

Mailing Address 2100 Solar Dr Ste 102

City

Oxnard

State

CA

Zip Code

93036-0649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503019

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Keith L Wapner, MD

Mailing Address University of Penn Health System  
230 W Washington Square

City

Philadelphia

State

PA

Zip Code

19106-3500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Penn Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503020

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert J Heaps, MD

Mailing Address 66 Colonel Daniels Dr

City

Bedford

State

NH

Zip Code

03110-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Hampshire Orthopedic  
Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503021

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gerald J Lang, , MD

Mailing Address 600 Highland Ave

City

Madison

State

WI

Zip Code

53792-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31503022

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frank A B Gottschalk, , MD

Mailing Address Dept of Ortho Surgery  
1801 Inwood Rd

City

Dallas

State

TX

Zip Code

75390-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UT Southwestern Medical  
Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31503023

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William S Sutherland, , MD

Mailing Address 150 Rt 1 Bypass

City

Portsmouth

State

NH

Zip Code

03801-5332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	0

Transaction ID: 31503027

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Edward W Kelly, , MD

Mailing Address 701 25th Ave S Ste 505

City

Minneapolis

State

MN

Zip Code

55454-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Twin Cities Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503029

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Bradley White, , MD

Mailing Address The Wellness Ctr Ste 200  
458 Old St Rd

City

Peterborough

State

NH

Zip Code

03458-1265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503030

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven R Garfin, , MD

Mailing Address UCSD Dept of Orthopaedics  
350 Dickinson St Ste 121

City

San Diego

State

CA

Zip Code

92103-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCSD

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503031

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Norman L Donati, MD

Mailing Address 612 W Gordon St

City

Thomaston

State

GA

Zip Code

30286-3480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upson Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503032

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel T Stein, MD

Mailing Address 11160 Warner Ave Ste 311

City

Fountain Valley

State

CA

Zip Code

92708-4055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastline Orthopaedic Ass-  
ociates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 0

Transaction ID: 31503034

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Adolph J Yates, Jr, MD

Mailing Address Shadyside Medical Bldg Ste 415  
5200 Centre Ave

City

Pittsburgh

State

PA

Zip Code

15232-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Pittsburgh Med Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31505866

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy J Clader, MD

Mailing Address 20 Hagen Dr Ste 110

City

Rochester

State

NY

Zip Code

14625-2665

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	0

Transaction ID: 31506094

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Evander F Fogle, MD

Mailing Address 3687 Canyon Ridge Ct NE

City

Atlanta

State

GA

Zip Code

30319-4823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	0

Transaction ID: 31506095

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeff Alan Traub, MD

Mailing Address 215 Bright Water Cove

City

Alpharetta

State

GA

Zip Code

30022-8021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	0

Transaction ID: 31506097

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark A Frankle, MD

Mailing Address 13020 Telecom Pkwy N

City

Temple Terrace

State

FL

Zip Code

33637-0925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Ortho Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	0

Transaction ID: 31506098

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James G Floyd, MD

Mailing Address 2320 Arbor Glenn

City

Hoover

State

AL

Zip Code

35244-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	0

Transaction ID: 31506099

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael R Sheen, MD

Mailing Address 2200 Kellwest Blvd

City

Wichita Falls

State

TX

Zip Code

76309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Regional Physicians  
Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	0

Transaction ID: 31506100

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Debra M Parisi, MD

Mailing Address 697 West End Ave Apt PH B

City

New York

State

NY

Zip Code

10025-6921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Continuum Health Partners

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506101

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Cary B Chapman, MD

Mailing Address 2348 Richmond Rd

City

Staten Island

State

NY

Zip Code

10306-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506503

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brayton R Shirley, MD

Mailing Address 22 Poinsett Ave

City

Greenville

State

SC

Zip Code

29601-1614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506504

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. James P Fogarty, MD

Mailing Address 11800 FM 1960 W

City

Houston

State

TX

Zip Code

77065-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506505

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward Akelman, MD

Mailing Address 2 Dudley St Ste 200

City

Providence

State

RI

Zip Code

02905-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506507

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Marks, MD, MBA

Mailing Address 399 Main Ave apt 422

City

Norwalk

State

CT

Zip Code

06851-1569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506508

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard B Schultz, , MD

Mailing Address 302 University Blvd

City

Round Rock

State

TX

Zip Code

78665-1032

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Scott & White

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506509

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Paul Houde, , MD

Mailing Address 241 Elm St

City

Claremont

State

NH

Zip Code

03743-2026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valley Regional Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506510

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Blake Curd, , MD

Mailing Address 810 E 23rd St  
PO Box 5116

City

Sioux Falls

State

SD

Zip Code

57105-2135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Orthopedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506511

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alexandra Elizabeth Page, , MD

Mailing Address 13601 Del Poniente Rd

City

Poway

State

CA

Zip Code

92064-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Permanente Medic-  
al Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506512

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul M Huddleston, , MD

Mailing Address 200 1st St SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506513

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alexander Blevens, , MD

Mailing Address 3635 Bienville Blvd

City

Ocean Springs

State

MS

Zip Code

39564-5711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bienville Ortho Specialis-  
ts

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506514

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Anglen

Mailing Address Dept of Ortho Surgery  
541 Clinical Dr Ste 600

City State Zip Code  
Indianapolis IN 46202-5233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Indiana University School  
of Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 31506515

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. George F Chimento, MD

Mailing Address 2405 Chester St

City State Zip Code  
Metairie LA 70001-3029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ochsner Medical Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511258

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Cameron More, MD

Mailing Address 6 Sandhill Rd Ste 102

City State Zip Code  
Flemington NJ 08822-4946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hunterdon Orthopaedic Ins-  
titute

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511259

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Samantha A Spencer, , MD

Mailing Address 9 Hawthorne Pl #8-M

City

Boston

State

MA

Zip Code

02114-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Orthopaedic Su-  
rgical Founda

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511260

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen G Taylor, , MD

Mailing Address 6001 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-7702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Des Moines Orthopaedic Su-  
rgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511261

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven E Roser, , MD

Mailing Address Inter Mountain Ortho  
600 N Robbins Rd Ste 401

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intermountain Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511262

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. J Christopher Noonan, , MD

Mailing Address 74 B Centennial Loop Ste 300

City

Eugene

State

OR

Zip Code

97401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511263

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Subramanyan Jayasankar, , MD

Mailing Address 74 Country Dr

City

Weston

State

MA

Zip Code

02493-1165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511266

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Leber, , MD

Mailing Address 690 N Cofco Center Ct Ste 190

City

Phoenix

State

AZ

Zip Code

85008-6471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Hand & Wrist Spec-  
ialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511267

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Keith Frazier, MD

Mailing Address 5801 Norris Canyon Rd Ste 210

City

San Ramon

State

CA

Zip Code

94583-5440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Webster Orthopaedic Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511268

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gerardo D Trinidad, MD

Mailing Address Trinidad Orthopaedics Ste 107  
1735 27th St Waller Bldg

City

Portsmouth

State

OH

Zip Code

45662-2677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinidad Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511269

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert S Supinski, MD

Mailing Address 875 Pre-Emption Rd

City

Geneva

State

NY

Zip Code

14456-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Finger Lakes Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511270

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. George D Rhyneer, MD

Mailing Address Rhyneer Clinic  
3841 Piper St Ste T311

City Anchorage State AK Zip Code 99508-4674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhyneer ClinicOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31511271

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Zoran Cupic, MD

Mailing Address 909 Frostwood Ste 251

City Houston State TX Zip Code 77024-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Bone & JointOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31511272

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard H Cobden

Mailing Address 385 Forest Hills Ct

City Fairbanks State AK Zip Code 99709-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fairbanks OrthopaedicsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31511275

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 316 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey John Anderson, , MD

Mailing Address 333 O'Connor Dr

City

San Jose

State

CA

Zip Code

95128-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511276

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven W Pearson, , MD

Mailing Address 5333 Hollister Ave Ste 120

City

Santa Barbara

State

CA

Zip Code

93111-3314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511277

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Larry Fambrough, , MD

Mailing Address 15781 Professional Plaza

City

Hammond

State

LA

Zip Code

70403-1452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plaza Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31511278

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Justin G LaMont, , MD

Mailing Address 24 Farragut Rd

City

Scarsdale

State

NY

Zip Code

10583-7206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31511279

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Glenn C Landon, , MD

Mailing Address 2nd Fl Orthopaedics  
2727 W Holcombe Blvd

City

Houston

State

TX

Zip Code

77025-1669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kelsey-Seybold Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31511280

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Garth B Wright, , MD

Mailing Address 569 Skyline Dr Ste 100

City

Jackson

State

TN

Zip Code

38301-3911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31511281

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

3400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brent R Davis, , MD

Mailing Address 706 Larkspur Ave

City

Corona Del Mar

State

CA

Zip Code

92625-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31513023

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bernard N Stulberg, , MD

Mailing Address 1730 W 25th St Ste 4E

City

Cleveland

State

OH

Zip Code

44113-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland Ctr for Joint  
Reconstruction

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31513024

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lowry Jones, Jr, MD

Mailing Address 3651 College Blvd

City

Leawood

State

KS

Zip Code

66211-1910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dickson Diveley Midwest  
Ortho Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 31513025

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. John P Lyden, , MD

Mailing Address Rm 355 West  
535 E 70th StCity State Zip Code  
New York NY 10021-4823FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hospital for Special Surg-  
eryOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Transaction ID: 31513026

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael A Kelly, , MD

Mailing Address 360 Essex St #303

City State Zip Code  
Hackensack NJ 07601-8566FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hackensack Univ Medical  
CenterOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Transaction ID: 31513027

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. T J Rasmussen, , MD

Mailing Address 3651 College Blvd Ste 100B

City State Zip Code  
Leawood KS 66211-1910FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Ortho & Sports Med Consul-  
tantsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Transaction ID: 31513028

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

3250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Reginald E Manning, , MD

Mailing Address 263 7th Ave Ste 2B

City

Brooklyn

State

NY

Zip Code

11215-3693

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31513030

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas J Brodrick, , MD

Mailing Address 521 W State Rd 434 Ste 203

City

Longwood

State

FL

Zip Code

32750-5165

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31513031

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Robert P Limoni, , MD

Mailing Address 3072 Bay Settlement Ct

City

Green Bay

State

WI

Zip Code

54311-7274

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31513032

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Craig R Springmeyer, , MD

Mailing Address 1455 E Bert Kouns Indstrl Loop

City

Shreveport

State

LA

Zip Code

71105-5634

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Highland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31513034

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James A Shapiro, , MD

Mailing Address 6308 8th Ave Ste 1020

City

Kenosha

State

WI

Zip Code

53143-5031

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UHSI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31513036

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Giles R Scuderi, , MD

Mailing Address 210 East 64th St 4th Fl

City

New York

State

NY

Zip Code

10065-7471

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: 31513037

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 322 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. David P Bealle, , MD

Mailing Address 105 Keeton Dr

City

Hopkinsville

State

KY

Zip Code

42240-8756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31525817

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard A King, , MD

Mailing Address 600 N Robbins Rd Ste 401

City

Boise

State

ID

Zip Code

83702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31525818

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey N Guttman, , MD

Mailing Address 31 Hunting Hollow Ct

City

Dix Hills

State

NY

Zip Code

11746-6164

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31525819

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth J Kress, , MD

Mailing Address 5671 Peachtree Dunwoody Rd NE  
Ste 700

City	State	Zip Code
Atlanta	GA	30342-5047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurgens OrthopaedicsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Transaction ID: 31525820

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kurt F Konkell, , MD

Mailing Address N 84 W 16889 Menomonee Ave

City	State	Zip Code
Menomonee Falls	WI	53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aurora Advanced HealthcareOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Transaction ID: 31525821

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William S Johnson, III, MD

Mailing Address 502 Rue de Sante Ste 106

City	State	Zip Code
La Place	LA	70068-5424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
River Region OrthopaedicsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Transaction ID: 31525822

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Roy Davidovitch, , MD

Mailing Address Dept of Orthopaedics  
301 E 17th St Ste 1616City State Zip Code  
New York NY 10003-3804FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NYU Hospital for Joint Di-  
seasesOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Transaction ID: 31525864

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Scott Philip Worrell, , MD

Mailing Address 11110 Medical Campus Rd Ste 205

City State Zip Code  
Hagerstown MD 21742-6797FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self EmployedOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Transaction ID: 31525865

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. W Dan Caffrey, Jr, MD

Mailing Address 201 E Wendover Ave

City State Zip Code  
Greensboro NC 27401-1205FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Southeastern Orthopaedic  
SpecialistsOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Transaction ID: 31525866

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 325 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. James K McKechnie, , MD

Mailing Address 103 Professional Plz

City

Mattoon

State

IL

Zip Code

61938-9252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31525867

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Franklin Lynch, Jr, MD

Mailing Address 1 Medical Center Dr

City

Lebanon

State

NH

Zip Code

03756-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth Hitchcock Memor-  
ial Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31525868

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Hugh Carroll McLeod, III, MD

Mailing Address 1163 Johnson Ferry Rd Ste 200

City

Marietta

State

GA

Zip Code

30068-2764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atlanta Orthopaedic Speci-  
alists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31525870

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard M Gray, , MD

Mailing Address 14547 Bruce B Downs Blvd

City

Tampa

State

FL

Zip Code

33613-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Medical Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31525875

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph J Williams, , MD

Mailing Address 2325 Dougherty Ferry Rd Ste 202

City

Saint Louis

State

MO

Zip Code

63122-3356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526072

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. D Daniel Rotenberg, , MD

Mailing Address 2870 Highland Blvd

City

Mound

State

MN

Zip Code

55364-8533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ridgeview Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526073

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bruce M Leslie, MD

Mailing Address 2000 Washington St Ste 343

City

Newton

State

MA

Zip Code

02462-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Transaction ID: 31526075

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James G Warmbrod, Jr, MD

Mailing Address 616 W Forest Ave

City

Jackson

State

TN

Zip Code

38301-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Transaction ID: 31526076

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John J Larkin, Jr, MD

Mailing Address 2845 Chancellor Dr

City

Crestview Hills

State

KY

Zip Code

41017-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Transaction ID: 31526077

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Hon-Kit Lau, MD

Mailing Address 3460 E La Palma Ave

City

Anaheim

State

CA

Zip Code

92806-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526078

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen John Franzino, MD

Mailing Address 3435 Valle Verde Dr Ste B

City

Napa

State

CA

Zip Code

94558-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526079

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Galen Richard Smith, MD

Mailing Address 2202 John B Dennis Hwy Ste 100

City

Kingsport

State

TN

Zip Code

37660-5904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Appalachian Orthopaedic  
Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526080

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Stephen A Yoder, , MD

Mailing Address 934 Center St Ste B

City

Ashland

State

OH

Zip Code

44805-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526157

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. D Gordon Newbern, , MD

Mailing Address 600 S McKinley St Ste 102

City

Little Rock

State

AR

Zip Code

72205-5211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526158

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brett Raymond Grebing, , MD

Mailing Address 6812 State Route 162 Ste 123

City

Maryville

State

IL

Zip Code

62062-8586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526160

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 371

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel C Johnson, MD

Mailing Address 1000 W 4th St Ste 1

City

Yankton

State

SD

Zip Code

57078-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Yankton Bone and Joint Ce-  
nter

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526161

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Spiegel, MD

Mailing Address 1662 Dominican Way

City

Santa Cruz

State

CA

Zip Code

95065-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palo Alto Foundation Medi-  
cal Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526162

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Edward Thomas, MD

Mailing Address 1486 E Skyline Dr #202

City

Ogden

State

UT

Zip Code

84405-4863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 1 0

Transaction ID: 31526163

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 371

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Dr. James Langston Hughes, , MD

Mailing Address Dept of Ortho Surg  
2500 North State StCity State Zip Code  
Jackson MS 39216-4500FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Mississippi Med  
CtrOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Transaction ID: 31526164

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Parker Evans, , MD

Mailing Address Dept of Orthopedics  
4301 W Markham, #531City State Zip Code  
Little Rock AR 72205-7101FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of ArkansasOccupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Transaction ID: 31526165

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

579602.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 371

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: 31203740

Amount of Each Receipt this Period

683.88

Refund of bank fees from  
affiliated organization

**B.**

Full Name (Last, First, Middle Initial)

American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4163.77

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 2 / 2 0 1 0

Transaction ID: 31381524

Amount of Each Receipt this Period

3479.89

Refund of bank fees from  
affiliated organization

**C.**

Full Name (Last, First, Middle Initial)

American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7179.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 31525121

Amount of Each Receipt this Period

3015.35

Refund of bank fees from  
affiliated organization

**SUBTOTAL** of Receipts This Page (optional) .....

7179.12

**TOTAL** This Period (last page this line number only) .....

7179.12

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 333 / 371

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

DANPAC

Mailing Address 315 C Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
DANPAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31107865

Date of Disbursement

01 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Burgess For Congress

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 31107877

Date of Disbursement

01 / 06 / 2010

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Roskam For Congress Committee

Mailing Address P. O. Box 713

City  
Wheaton

State  
IL

Zip Code  
60187

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Mr. Peter Roskam

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 31107887

Date of Disbursement

01 / 06 / 2010

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 334 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

National Republican Senatorial Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31107889

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	0

Amount of Each Disbursement this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 First Street, SE

City  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

National Republican Congressional Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31107893

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	0

Amount of Each Disbursement this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE  
2nd FloorCity  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31107896

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	0

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 335 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	<b>Transaction ID:</b> 31107898 <b>Date of Disbursement</b>																				
Mailing Address 120 Maryland Avenue, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	0												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Candidate Name Democratic Senatorial Campaign Committee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tuesday Group PAC	<b>Transaction ID:</b> 31107899 <b>Date of Disbursement</b>																				
Mailing Address PO Box 11586	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	1	0												
City Washington State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Tuesday Group PAC	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Rogers For Congress	<b>Transaction ID:</b> 31127488 <b>Date of Disbursement</b>																				
Mailing Address PO Box 581 Post Office Box 581	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	1		2	0	1	0												
City Brighton State MI Zip Code 48116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Michael J. Rogers	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

22000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 336 / 371

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)  
Mikulski For Senate Committee

Mailing Address P O B 13147

City State Zip Code  
Baltimore MD 21203

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Barbara A. Mikulski

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: MD District:

Transaction ID: 31127490

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Kilpatrick For United States Congress

Mailing Address PO Box 32175

City State Zip Code  
Detroit MI 48232

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Carolyn Cheeks Kilpatrick

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: MI District: 13

Transaction ID: 31127580

Date of Disbursement

01 / 11 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mike Ross For Congress Committee

Mailing Address PO Box 360

City State Zip Code  
Prescott AR 71857

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Michael Avery Ross

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: AR District: 04

Transaction ID: 31141704

Date of Disbursement

01 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 337 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Our Congress PAC

Mailing Address PO Box 344

City  
PrescottState  
ARZip Code  
71857

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Our Congress PACOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31141759

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Lone Star PAC

Mailing Address 217 3rd Street SE

City  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Lone Star PACOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31141808

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City  
UwchlandState  
PAZip Code  
19480

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. James W. GerlachOffice Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: 31216428

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Phil Hare</p> <p>Mailing Address 224 18th Street P.O. Box 4183</p> <p>City Rock Island State IL Zip Code 61204</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Phil Hare</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31216429</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee</p> <p>Mailing Address Post Office Box 28001 PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31216430</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Texans For Lamar Smith</p> <p>Mailing Address PO Box 6155</p> <p>City San Antonio State TX Zip Code 78209</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Lamar S. Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 21</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31216431</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Carper For Senate	<b>Transaction ID:</b> 31216432 <b>Date of Disbursement</b>
Mailing Address 19 East Commons Blvd Second Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 1 0</div> </div>
City New Castle State DE Zip Code 19720	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Thomas R. Carper	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) The Blue Dog PAC	<b>Transaction ID:</b> 31216433 <b>Date of Disbursement</b>
Mailing Address 227 Massachusetts Avenue, NE Suite 101	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name The Blue Dog PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) GLACIER PAC	<b>Transaction ID:</b> 31216434 <b>Date of Disbursement</b>
Mailing Address 818 Connecticut Ave, NW Suite 1100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 2 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20006	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name GLACIER PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Volunteers For Shimkus

Mailing Address PO Box 5458

City  
SpringfieldState  
ILZip Code  
62705

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. John M. Shimkus

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: IL

District: 19

Transaction ID: 31223885

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Our Congress PAC

Mailing Address PO Box 344

City  
PrescottState  
ARZip Code  
71857

Purpose of Disbursement

Void-Name Changed to Advance Arkansas

011

Category/  
Type

Candidate Name

Our Congress PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 31224971

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

-5000.00

Void-Name Changed to Advan-  
ce Arkansas**C.**

Full Name (Last, First, Middle Initial)

Advance Arkansas PAC

Mailing Address PO Box 344

City  
PrescottState  
ARZip Code  
71857

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Advance Arkansas PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 31227667

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 341 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Poe For Congress

Mailing Address P.O. Box 14222

City  
HumbleState  
TXZip Code  
77347

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Ted PoeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 02

Transaction ID: 31270098

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Roskam For Congress Committee

Mailing Address P. O. Box 713

City  
WheatonState  
ILZip Code  
60187

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Mr. Peter RoskamOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 31270120

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Tonko For Congress

Mailing Address 911 Central Avenue  
PO Box 221City  
AlbanyState  
NYZip Code  
12206

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Paul David TonkoOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: 31271704

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 342 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Marcia Fudge For Congress

Mailing Address 3729 Silsby Rd

City  
University HeightsState  
OHZip Code  
44118

Purpose of Disbursement

Candidate Name

Rep. Marcia L. Fudge

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: 31271705

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**B.**

Full Name (Last, First, Middle Initial)

Hall For Congress Committee (Ralph Hall - Rockwall)

Mailing Address Post Office Box 711

City  
RockwallState  
TXZip Code  
75087

Purpose of Disbursement

Candidate Name

Rep. Ralph M. Hall

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 04

Transaction ID: 31271706

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**C.**

Full Name (Last, First, Middle Initial)

Pat Roberts Victory Committee

Mailing Address 610 S. Boulevard St

City  
TampaState  
FLZip Code  
33606

Purpose of Disbursement

Candidate Name

Pat Roberts Victory Committee

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31273255

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Pioneer PAC

Mailing Address 701 8th Street NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Pioneer PAC

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31273261

Date of Disbursement

02 / 04 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Friends of John McCain Inc

Mailing Address PO Box 16664

City Arlington State VA Zip Code 22215

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. John S. McCain

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

Transaction ID: 31295810

Date of Disbursement

02 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Pete Sessions For Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Pete Sessions

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 31295811

Date of Disbursement

02 / 09 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 344 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) The Freedom Project	<b>Transaction ID:</b> 31295812 <b>Date of Disbursement</b>																				
Mailing Address 424 C Street, NE Basement Unit	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	9		2	0	1	0												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name The Freedom Project	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Griffith For Congress	<b>Transaction ID:</b> 31330684 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 2916	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	1	0												
City Huntsville State AL Zip Code 35804	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Mr. Parker Griffith	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Lance For Congress	<b>Transaction ID:</b> 31330701 <b>Date of Disbursement</b>																				
Mailing Address PO Box 225	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	1	0												
City Colonia State NJ Zip Code 07067	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Leonard Lance	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Capitol Hill Club	<b>Transaction ID:</b> 31369837 <b>Date of Disbursement</b>																				
Mailing Address 300 First St., SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	0												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement In-kind contribution for Patrick Tiberi	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Patrick J. Tiberi	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
In-kind contribution for Patrick Tiberi																					
<b>B.</b> Full Name (Last, First, Middle Initial) AMERIPAC: The Fund For A Greater America	<b>Transaction ID:</b> 31372476 <b>Date of Disbursement</b>																				
Mailing Address 499 South Capitol Street, SW #414	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	1	0												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name AMERIPAC: The Fund For A Greater America	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Volunteers For Shimkus	<b>Transaction ID:</b> 31372562 <b>Date of Disbursement</b>																				
Mailing Address PO Box 5458	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	1	0												
City Springfield State IL Zip Code 62705	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. John M. Shimkus	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Jesse Jackson Jr For Congress

Mailing Address P.O. Box 490286

City  
Chicago

State  
IL

Zip Code  
60649

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Jesse L. Jackson, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 02

**Transaction ID:** 31372629

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of John McCain Inc

Mailing Address PO Box 16664

City  
Arlington

State  
VA

Zip Code  
22215

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. John S. McCain

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District:

**Transaction ID:** 31372774

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Whitfield For Congress Committee

Mailing Address P.O. Box 391

City  
Hopkinsville

State  
KY

Zip Code  
42241

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Edward Whitfield

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

**Transaction ID:** 31372933

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Upton For All Of Us

Mailing Address P.O. Box 490

City  
St. JosephState  
MIZip Code  
49085

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Frederick Stephen Upton

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 06

Transaction ID: 31373044

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	0

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Shelby For U S Senate

Mailing Address Post Office Box 1091

City  
TuscaloosaState  
ALZip Code  
35403

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Richard C. Shelby

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL

District:

Transaction ID: 31373237

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	0

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

New House PAC

Mailing Address c/o Nicole Runge  
718 7th Street NW, Suite 300City  
WashingtonState  
DCZip Code  
20001

Purpose of Disbursement

011

Category/  
Type

Candidate Name

New House PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 31395840

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Becerra For Congress	<b>Transaction ID:</b> 31395841 <b>Date of Disbursement</b>
Mailing Address P.O. Box 261060	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City Los Angeles State CA Zip Code 90026	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Xavier Becerra	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Upton For All Of Us	<b>Transaction ID:</b> 31395842 <b>Date of Disbursement</b>
Mailing Address P.O. Box 490	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City St. Joseph State MI Zip Code 49085	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1500.00</div>
Candidate Name Rep. Frederick Stephen Upton	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	<b>Transaction ID:</b> 31395843 <b>Date of Disbursement</b>
Mailing Address P.O. Box 868	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 1 0</div> </div>
City Levittown State PA Zip Code 19058	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Patrick J. Murphy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Every Republican Is Crucial (ERIC) PACMailing Address 25 East Main Street  
Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Every Republican Is Crucial (ERIC) PACOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31395844

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Pat Roberts For U S Senate Inc

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Sen. Pat RobertsOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District:

Transaction ID: 31395845

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Adler For Congress

Mailing Address 14 Knightswood Drive

City Marlton State NJ Zip Code 08053

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. John Herbert AdlerOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: 31395846

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

9500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name  
Rep. Gene GreenOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 29

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31409805

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**B.** Full Name (Last, First, Middle Initial)  
Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name  
Rep. Frank Pallone, Jr.Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 06

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31409813

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**C.** Full Name (Last, First, Middle Initial)  
Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name  
Rep. Chris Van HollenOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 08

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31409814

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Democrats United To Change and Hope (DUTCH) PAC <hr/> Mailing Address 499 S. Capitol Street, SW Suite 404 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <span style="float: right;">011 Category/ Type</span> <hr/> Candidate Name Democrats United To Change and Hope (DUTCH) PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 31409815 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 3</span> <span>0 3</span> <span>2 0 1 0</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Cantor For Congress <hr/> Mailing Address P. O. Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement <span style="float: right;">011 Category/ Type</span> <hr/> Candidate Name Rep. Eric I. Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	<b>Transaction ID:</b> 31409817 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 3</span> <span>0 3</span> <span>2 0 1 0</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Victory Fund 2010 <hr/> Mailing Address c/o Morgan-Meredith Associates 2875 Towerview Road Suite 100 <hr/> City Herndon State VA Zip Code 20171 <hr/> Purpose of Disbursement <span style="float: right;">011 Category/ Type</span> <hr/> Candidate Name American Victory Fund 2010 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 31409818 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M</span> <span>D D</span> <span>Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>0 3</span> <span>0 3</span> <span>2 0 1 0</span> </div> </div> <hr/> <b>Amount of Each Disbursement this Period</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

GLACIER PAC

Mailing Address 818 Connecticut Ave, NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Void - Not accepting contributions from health industry fieldCandidate Name  
GLACIER PACOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31409874

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Amount of Each Disbursement this Period

-5000.00

Void - Not accepting contributions from health industry field

**B.**

Full Name (Last, First, Middle Initial)

Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City St. Petersburg State FL Zip Code 33743

Purpose of Disbursement

Candidate Name  
Rep. C.W. Bill YoungOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 10

Transaction ID: 31510891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Kagen 4 Congress

Mailing Address 100 W. College Ave.  
50 D

City Appleton State WI Zip Code 54911

Purpose of Disbursement

Candidate Name  
Rep. Steve KagenOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: 31510892

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Jason Altmire

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 04

**Transaction ID:** 31510893

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Souder For Congress Inc.

Mailing Address P.O. Box 40233

City  
Fort Wayne

State  
IN

Zip Code  
46804

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Mark E. Souder

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 03

**Transaction ID:** 31510894

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City  
Cheshire

State  
CT

Zip Code  
06410

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Christopher Scott Murphy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 05

**Transaction ID:** 31510895

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 354 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez	<b>Transaction ID:</b> 31510897 <b>Date of Disbursement</b>																				
Mailing Address 1212 S. Victory Blvd Suite 211	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Burbank State CA Zip Code 91502	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Linda T. Sanchez	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Whitfield For Congress Committee	<b>Transaction ID:</b> 31510924 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 391	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Hopkinsville State KY Zip Code 42241	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Edward Whitfield	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Crowley For Congress	<b>Transaction ID:</b> 31510925 <b>Date of Disbursement</b>																				
Mailing Address 84-56 Grand Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Elmhurst State NY Zip Code 11373	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Joseph Crowley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Schock For Congress	<b>Transaction ID:</b> 31510926 <b>Date of Disbursement</b>																				
Mailing Address PO Box 10555	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Peoria State IL Zip Code 61612	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>3500.00</td> </tr> </table>	3500.00																			
3500.00																					
Candidate Name Rep. Aaron Jon Schock	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Butterfield For Congress Committee	<b>Transaction ID:</b> 31510928 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2571	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Wilson State NC Zip Code 27894	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. George K. Butterfield	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Boucher For Congress Committee	<b>Transaction ID:</b> 31510930 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Abingdon State VA Zip Code 24212	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Rick Boucher	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City  
RichmondState  
VAZip Code  
23226

Purpose of Disbursement

Candidate Name  
Rep. Eric I. CantorOffice Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 07

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31510931

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Victory Now PAC

Mailing Address 10605 Concord Street  
Suite 202City  
KensingtonState  
MDZip Code  
20895

Purpose of Disbursement

Candidate Name  
Victory Now PACOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31510932

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin McCarthy for Congress

Mailing Address PO Box 12667

City  
BakersfieldState  
CAZip Code  
93389

Purpose of Disbursement

Candidate Name  
Rep. Kevin McCarthyOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 22

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31510933

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

11500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 357 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue  
Suite 804

City Niles State OH Zip Code 44446

Purpose of Disbursement

Candidate Name  
Rep. Timothy J. RyanOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 17

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31510935

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

011  
Category/  
Type**B.**

Full Name (Last, First, Middle Initial)

Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name  
Rep. Joe L. BartonOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 06

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31510936

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

3000.00									
---------	--	--	--	--	--	--	--	--	--

011  
Category/  
Type**C.**

Full Name (Last, First, Middle Initial)

Tiberi For Congress

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

Candidate Name  
Rep. Patrick J. TiberiOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 12

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31524651

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Amount of Each Disbursement this Period

4000.00									
---------	--	--	--	--	--	--	--	--	--

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Duncan D. Hunter For Congress

Mailing Address 9340 Fuerte Drive Suite 302

City  
La MesaState  
CAZip Code  
91941

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Duncan Hunter

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 52

Transaction ID: 31524653

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

GOP Generation Y Fund

Mailing Address PO Box 9055

City  
PeoriaState  
ILZip Code  
61612

Purpose of Disbursement

011

Category/  
Type

Candidate Name

GOP Generation Y Fund

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 31524654

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Shelby For U S Senate

Mailing Address Post Office Box 1091

City  
TuscaloosaState  
ALZip Code  
35403

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Richard C. Shelby

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL

District:

Transaction ID: 31524655

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	1	0

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Wyoming Values PAC	<b>Transaction ID:</b> 31524671 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1665	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	0												
City Alexandria State VA Zip Code 22313	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Wyoming Values PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Dan Maffei	<b>Transaction ID:</b> 31524708 <b>Date of Disbursement</b>																				
Mailing Address PO Box 74	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	0												
City Syracuse State NY Zip Code 13214	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Daniel B. Maffei	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Tim Walz for US Congress	<b>Transaction ID:</b> 31524709 <b>Date of Disbursement</b>																				
Mailing Address PO Box 938	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	0												
City Mankato State MN Zip Code 56002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Timothy J. Walz	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 360 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Joe Donnelly For Congress

Mailing Address PO Box 1961

City  
South BendState  
INZip Code  
46634

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Joseph DonnellyOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 02

Transaction ID: 31524711

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Amount of Each Disbursement this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

Rehberg For Congress

Mailing Address PO Box 1597

City  
HelenaState  
MTZip Code  
59624

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Dennis R. RehbergOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 01

Transaction ID: 31524713

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Sage PAC

Mailing Address C/O October, Inc.  
P.O. Box 370672City  
Las VegasState  
NVZip Code  
89137

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Sage PACOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 31524716

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Geoff Davis For Congress	<b>Transaction ID:</b> 31528125
Mailing Address PO Box 17192 Suite F	Date of Disbursement
City Ft Mitchell State KY Zip Code 41017	<div> <div>03</div> <div>30</div> <div>2010</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name Mr. Geoffrey Davis	<div>2000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.	<b>Transaction ID:</b> 31528128
Mailing Address PO Box 682185	Date of Disbursement
City Franklin State TN Zip Code 37068	<div> <div>03</div> <div>30</div> <div>2010</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name Rep. Marsha Blackburn	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro	<b>Transaction ID:</b> 31528129
Mailing Address 12 Trumbull Street	Date of Disbursement
City New Haven State CT Zip Code 06511	<div> <div>03</div> <div>30</div> <div>2010</div> </div>
Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name Rep. Rosa L. DeLauro	<div>1000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026  
Suite 180

City Austin State TX Zip Code 78711

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Sen. John Cornyn

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District:

Transaction ID: 31528130

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Burr Committee, The

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Richard M. Burr

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: 31528236

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Carney For Congress

Mailing Address P.O. Box A

City Clarks Summit State PA Zip Code 18411

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Christopher P. Carney

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: 31528242

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Minnick For Congress

Mailing Address P O Box 288

City  
MeridianState  
IDZip Code  
83642

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Walter Minnick

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID

District: 01

Transaction ID: 31528243

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Rogers For Congress

Mailing Address PO Box 581  
Post Office Box 581City  
BrightonState  
MIZip Code  
48116

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Michael J. Rogers

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District: 08

Transaction ID: 31528258

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

McHenry for Congress

Mailing Address PO Box 1406

City  
HickoryState  
NCZip Code  
28603

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Patrick Timothy McHenry

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 10

Transaction ID: 31528261

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Joe Wilson For Congress Committee

Mailing Address PO Box 2145

City State Zip Code  
West Columbia SC 29171

Purpose of Disbursement

Candidate Name  
Rep. Joe WilsonOffice Sought: ☒ House  
☐ Senate  
☐ President

State: SC District: 02

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31528294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
Heller For Congress

Mailing Address PO Box 750580

City State Zip Code  
Las Vegas NV 89136

Purpose of Disbursement

Candidate Name  
Rep. Dean HellerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 02

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 31528301

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Ryan For Congress

Mailing Address P. O. Box 1919

City State Zip Code  
Janesville WI 53547

Purpose of Disbursement

Candidate Name  
Rep. Paul D. RyanOffice Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 31528310

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City  
Janesville

State  
WI

Zip Code  
53547

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI

District: 01

**Transaction ID:** 31528311

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Continuing a Majority Party Political Action Comm

Mailing Address 5915 Eastman Avenue  
Suite 100

City  
Midland

State  
MI

Zip Code  
48640

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Continuing a Majority Party Political Action Comm

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID:** 31528312

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Charlie Dent For Congress

Mailing Address PO Box 442

City  
Allentown

State  
PA

Zip Code  
18105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Charles W. Dent

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 15

**Transaction ID:** 31528313

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

**A.**

Full Name (Last, First, Middle Initial)

Charlie Dent For Congress

Mailing Address PO Box 442

City  
AllentownState  
PAZip Code  
18105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Charles W. Dent

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: PA

District: 15

Transaction ID: 31528314

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Souder For Congress Inc.

Mailing Address P.O. Box 40233

City  
Fort WayneState  
INZip Code  
46804

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Mark E. Souder

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: IN

District: 03

Transaction ID: 31528315

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Shelby For U S Senate

Mailing Address Post Office Box 1091

City  
TuscaloosaState  
ALZip Code  
35403

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Richard C. Shelby

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2010

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: AL

District:

Transaction ID: 31528316

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 367 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Voice for Freedom Mailing Address P.O. Box 425	<b>Transaction ID:</b> 31528318 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	0			
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		3	0		2	0	1	0															
City Roswell State GA Zip Code 30077 Purpose of Disbursement Candidate Name Voice for Freedom Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>5000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	5000.00	011	Category/ Type																				
5000.00																								
011																								
Category/ Type																								
<b>B.</b> Full Name (Last, First, Middle Initial) Truth Accountability and Courage PAC (TACPAC) Mailing Address 228 S. Washington Street Suite 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Candidate Name Truth Accountability and Courage PAC (TACPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> 31528687 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>5000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	0	5000.00	011	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		3	0		2	0	1	0															
5000.00																								
011																								
Category/ Type																								
<b>C.</b> Full Name (Last, First, Middle Initial) Guthrie For Congress Mailing Address PO Box 9639 City Bowling Green State KY Zip Code 42102 Purpose of Disbursement Candidate Name Rep. Brett Guthrie Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 02	<b>Transaction ID:</b> 31528695 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>4000.00</td> </tr> </table> <table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	0	4000.00	011	Category/ Type
M	M	/	D	D	/	Y	Y	Y	Y															
0	3		3	0		2	0	1	0															
4000.00																								
011																								
Category/ Type																								

**SUBTOTAL** of Disbursements This Page (optional) .....

14000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 368 / 371

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Citizens For Altmire

Mailing Address P.O. Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement

Candidate Name  
Rep. Jason Altmire

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 04

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 31530458

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

332500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 369 / 371

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Northern Trust Company	<b>Transaction ID:</b> 31196340 <b>Date of Disbursement</b>																				
Mailing Address 50 S. LaSalle St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	1	0												
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank fees deducted from account Candidate Name	<table border="1"> <tr> <td colspan="10">317.91</td> </tr> </table>	317.91																			
317.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Bank fees deducted from account	Bank fees deducted from account																				
<b>B.</b> Full Name (Last, First, Middle Initial) Northern Trust Company	<b>Transaction ID:</b> 31196341 <b>Date of Disbursement</b>																				
Mailing Address 50 S. LaSalle St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	1	0												
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank fees deducted from account Candidate Name	<table border="1"> <tr> <td colspan="10">365.97</td> </tr> </table>	365.97																			
365.97																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Bank fees deducted from account	Bank fees deducted from account																				
<b>C.</b> Full Name (Last, First, Middle Initial) Northern Trust Company	<b>Transaction ID:</b> 31364794 <b>Date of Disbursement</b>																				
Mailing Address 50 S. LaSalle St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	1	0												
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank fees deducted from account Candidate Name	<table border="1"> <tr> <td colspan="10">2221.55</td> </tr> </table>	2221.55																			
2221.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Bank fees deducted from account	Bank fees deducted from account																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**2905.43**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 370 / 371

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<b>A.</b> Full Name (Last, First, Middle Initial) Northern Trust Company	<b>Transaction ID:</b> 31364852 <b>Date of Disbursement</b>																				
Mailing Address 50 S. LaSalle St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	1	0												
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank fees deducted from account Candidate Name	<table border="1"> <tr> <td colspan="10">1258.34</td> </tr> </table>	1258.34																			
1258.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Bank fees deducted from account	Bank fees deducted from account																				
<b>B.</b> Full Name (Last, First, Middle Initial) Northern Trust Company	<b>Transaction ID:</b> 31518022 <b>Date of Disbursement</b>																				
Mailing Address 50 S. LaSalle St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	0												
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank fees deducted from account Candidate Name	<table border="1"> <tr> <td colspan="10">14.21</td> </tr> </table>	14.21																			
14.21																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Bank fees deducted from account	Bank fees deducted from account																				
<b>C.</b> Full Name (Last, First, Middle Initial) Northern Trust Company	<b>Transaction ID:</b> 31518038 <b>Date of Disbursement</b>																				
Mailing Address 50 S. LaSalle St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	1	0												
City Chicago State IL Zip Code 60675	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank fees deducted from account Candidate Name	<table border="1"> <tr> <td colspan="10">1499.12</td> </tr> </table>	1499.12																			
1499.12																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Bank fees deducted from account	Bank fees deducted from account																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2771.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 371 / 371

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A.

Full Name (Last, First, Middle Initial)

Northern Trust Company

Mailing Address 50 S. LaSalle St.

City  
Chicago

State  
IL

Zip Code  
60675

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 31518039

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1502.02

Bank fees deducted from  
account

SUBTOTAL of Disbursements This Page (optional) .....

1502.02

TOTAL This Period (last page this line number only) .....

7179.12